

FILED SEP 13 1944

3043

Registrar's No. 255

Registration District No. 207

Primary Registration District No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Marion
 (b) City or town Jennibal
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Elizabeths
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 days (Specify whether
 In this community 50 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
 (c) City or town Jennibal
 (If outside city or town limits, write "RURAL")
 (d) Street No. 212 S. Sixth (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Manda Evelyn Thompson

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Thomas Thompson 6. (c) Age of husband or wife if alive years 5
 7. Birth date of deceased April 1859
 (Month) (Day) (Year)

8. AGE: Years 85 Months 3 Days 24 If less than one day hr min.

9. Birthplace Clayton, Illinois
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business home

12. Name Ferguson

13. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)

14. Maiden name Ford

15. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)

16. (a) Informant Terrill Brown

(b) Address 510 N. Sixth

17. (a) Burial (b) Date thereof July 31 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shank Cemetery, Clay, Ill.

18. (a) Signature of funeral director Geo. P. Schmitz

(b) Address 1000 Broadway

19. (a) 8/11/44 (b) R.W. Connor
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
 year 1944 hour 9 minute 15 a.m.

21. I hereby certify that I attended the deceased from July 26
 1944 to July 29 1944
 that I last saw her alive on July 29 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration —

Due to —

Due to —

Other conditions the myocardium
 (Include pregnancy within 3 months of death)

Major findings: 932 Of operations —

Of autopsy — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? —

While at work? — (Specify type of place) (e) Means of injury —

23. Signature — (M. D. or other) —
 Address — Date signed —

1146

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____ working under my personal supervision.

Signed Jack W. Lohman
Licensed Embalmer No. 4110
P. O. Address Hennick, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.