

FILED SEP 9 1944

State File No.

Registration District No. 257

Primary Registration District No. 5881

Registrar's No.

1. PLACE OF DEATH:

(a) County Osage

(b) City or town Belle, R D.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
At Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days) 26 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage

(c) City or town Belle, Mo. R D.
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Wayne Richard Thompson

MEDICAL CERTIFICATION

3. (b) If veteran, name war..... 3. (c) Social Security No. 496 12 0305

20. DATE OF DEATH: Month August day 19th, year 1944 hour 1 minute 30 p. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Single

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased April 12th, 1918
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 19 1944 to Aug 19 1944 that I last saw h..... alive on..... 19..... and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>26</u>	<u>4</u>	<u>7</u>	hr. min.

Immediate cause of death Accidental
gun shot wound

9. Birthplace Belle, Mo.
(City, town, or county) (State or foreign country)

Due to.....
Due to.....
Other conditions (include pregnancy within 3 months of death).....

10. Usual occupation Farmer

11. Industry or business Self

12. Name John A. Thompson

13. Birthplace Belle, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Pearl F. Francis

15. Birthplace Belle, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Glenn Thompson

(b) Address Belle, Mo.

17. (a) Burial (b) Date thereof 8/21/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Francis Cemetery

18. (a) Signature of funeral director Lydia Verbeke

(b) Address Box 144, Belle, Mo.

19. (a) 8-21-44 (b) 220
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations.....
Of autopsy no

PHYSICIAN
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) gun 076

(b) Date of occurrence Aug 19/44

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

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

While at work?..... (Specify type of place) (e) Means of injury 0

23. Signature W. Jones (M. D. or other) 0
Address Belle, Mo. Date signed Aug 19/44

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

600

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed..... 9-8-77

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..... *Victor Buescher*

Licensed Embalmer No. *3701*

P. O. Address..... *Jefferson City*

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.