

FILED OCT 13 1944  
Registration District No. 8

Primary Registration District No. 3017

1. PLACE OF DEATH:

(a) County Casper  
(b) City or town Boonville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Joseph Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 weeks (Specify whether years, months or days)  
In this community all his life

3. (a) PRINT FULL NAME POTER LEE THOMPSON

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Nellie Thompson 6. (c) Age of husband or wife if alive 49  
7. Birth date of deceased Feb 17 1887 (Month) (Day) (Year)

8. AGE: Years 57 Months 6 Days 28 If less than one day hr. min.

9. Birthplace Saline Co. Mo. 11 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business ✓

12. Name Burriel Thompson  
13. Birthplace Mo. 11 (City, town, or county) (State or foreign country)  
14. Maiden name Rachel Casey  
15. Birthplace Saline Co. Mo. 11 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Nellie Thompson

(b) Address Boonville, Mo.

17. (a) Burial (b) Date thereof Sept. 17-44 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Boonville, Mo.

18. (a) Signature of funeral director Campbell-Rum

(b) Address Manassas Mo.

19. (a) Sept. 15-44 (b) Dr. Chas. Swap (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline  
(c) City or town Boonville (If outside city or town limits, write "RURAL")  
(d) Street No. ✓ (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 15 year 1944 hour 3:35 minute A M.

21. I hereby certify that I attended the deceased from Aug 24 1944 to Sept 15 1944; that I last saw him alive on 9-14 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolism Duration hrs.  
Due to Erysipela of gall-bladder 3 wks.

Other conditions (Include pregnancy within 3 months of death) 127a

Major findings: Of operations None Of autopsy None performed 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  
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 Dr. Chas. Swap (M. D. or other) M.D.  
Address Boonville, Mo. Date signed 9/15/44

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

10-10-44

AUG 2 1944

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

Joe H. Risher

Licensed Embalmer No. 1171

P. O. Address Marshall 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.