

FILED OCT 10 1944
 Registration District No. 267

Primary Registration District No. 3049

Registrar's No. 48

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

1. PLACE OF DEATH:
 (a) County Deming
 (b) City or town Hatch
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location) 1
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____ years, months or days 7 yrs

3. (a) PRINT FULL NAME Arminda Thompson
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Cal. 6. (a) Single, widowed, married, divorced widowed
 (b) Name of husband or wife John Thompson 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 11 1875
 (Month) (Day) (Year)

8. AGE: Years 69 Months 1 Days 25 If less than one day hr. _____ min. _____

9. Birthplace Winona Miss
 (City, town, or county) (State or foreign country)

10. Usual occupation housekeeper

11. Industry or business home

12. Name Jack Butts

13. Birthplace Winona Miss
 (City, town, or county) (State or foreign country)

14. Maiden name Molly Bell

15. Birthplace Winona Miss
 (City, town, or county) (State or foreign country)

16. (a) Informant J. J. Moore
 (b) Address Hatch - mo

17. (a) Removal (b) Date thereof _____ (Month) (Day) (Year)
 (Burial, cremation, or removal)
 (c) Place: burial or cremation First City Ch.

18. (a) Signature of funeral director Wm. C. Smith
 (b) Address Hatch - mo
 19. (a) 8-8-1944 (b) J. J. Moore (Registrar's signature)
 (Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO County Deming
 (c) City or town Hatch
 (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 Sept day 6
 year 1944 hour 8 minute 55 P.M.

21. I hereby certify that I attended the deceased from 9/3 to 9/3 that I last saw him alive on 9/3 and that death occurred on the date and hour stated above.
 Immediate cause of death Apoplexy
 Duration 2 days

Due to _____
 Due to _____

Other conditions (include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

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) _____
 (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? _____

23. Signature Wm. C. Smith (Specify type of place) _____ (M. D. or other) _____
 Address Hatch - mo Date signed 8/8/44

9-44-233

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 Hubert J. Binnz
Licensed Embalmer No. 3789
P. O. Address Hayti - mco

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.