

FILED NOV 6 1944

State File No.

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 856

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
353 Benton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield,
(If outside city or town limits, write "RURAL")
(d) Street No. 858 N. Benton
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 17

3. (a) PRINT FULL NAME Francis Marion Thompson

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed 2
6. (b) Name of husband or wife Julia C. Thompson 6. (c) Age of husband or wife if alive UNK. years
7. Birth date of deceased October 20, 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 0 9 hr. min.

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

10. Usual occupation Grocer

11. Industry or business

MOTHER FATHER

12. Name UNK.
13. Birthplace UNK. UNK.
(City, town, or county) (State or foreign country)
14. Maiden name UNK.
15. Birthplace UNK. UNK.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Carl Thompson
(b) Address Springfield, Missouri

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

(c) Place: burial or cremation East Lawn Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 10-31-44 (b) S. W. E. Haulley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29th,
year 1944 hour 11:30 minute A. M.

21. I hereby certify that I attended the deceased from 6-12-44, 1944, to 10-29-44, 1944;
that I last saw him alive on 10-27-44, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration 6-8 mo.?

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?

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

23. Signature [Signature] (M. D. or other)

Address Springfield, Mo. Date signed 10-30-44

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

39
2
6

98K

24

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 Lewis G. Scherpf
Licensed Embalmer No. 3802
P. O. Address Springfield, 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.

X