DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 1 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40516

Registration District No. 2 Primary Registration District No. 5019 Registrar's No.

1. PLACE OF DEATH:

(a) County: Andrew

(b) City or town: "Rural" Rochester Twp

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R. R. # Savannah, Mo.

(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)

In this community: 35 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Andrew

(c) City or town: "Rural" Rochester

(If outside city or town limits, write "RURAL")

(d) Street No.: R.R. # Savannah, Mo.

(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: Mary M. Tompson

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

4. Sex: female

5. Color or race: white

6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Gibert G. Tompson

6. (c) Age of husband or wife if alive: 84 years

7. Birth date of deceased: September (Month) 23 (Day) 1861 (Year)

8. AGE:

Years	Months	Days	If less than one day
83	3	3	hr. min.

9. Birthplace: Andrew County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: at home

11. Industry or business:

FATHER

12. Name: David E. Hall

13. Birthplace: unknown (City, town, or county) Indiana (State or foreign country)

MOTHER

14. Maiden name: Lucy Humber

15. Birthplace: unknown (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant: Gibert G. Tompson

(b) Address: R. R. # Savannah, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/28/44 (Month) (Day) (Year)

(c) Place: burial or cremation: Savannah Cemetery

18. (a) Signature of funeral director: Keaton Bittle & Bowman

(b) Address: 319 So. 10th

19. (a) 12/27/44 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26 year 1944 hour 7 minute 30P M.

21. I hereby certify that I attended the deceased from Dec. 25, 1944, to Dec. 26, 1944, that I last saw her alive on Dec. 26, 1944, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of bowels	
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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: Arthur H. Kelley - M.D. (M. D. or other)

Address: Savannah, Mo. Date signed 12/27/1944

1072 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING

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 Frank A. Brown

Licensed Embalmer No. 1710

P. O. Address St. Joseph 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.

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Registration District No. 2 Primary Registration District No. 5019 Registrar's No.

1. PLACE OF DEATH:

(a) County Andrew

(b) City or town Rural Rochester Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(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

3. (a) PRINT FULL NAME Mary M. Tompson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept (Month) 23 (Day) 1862 (Year)

8. AGE: Years 83 Months 3 Days 3 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 1-5-1945 (Date received local registrar) (b) F.H. Fritchman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26 year 1944 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19;

that I last saw h alive on 19;

and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
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:

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

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY

1944
S-40516