

FILED JAN 10 1945

Registration District No. **122**

Primary Registration District No. **4201**

Registrar's No. **22**

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Republic
(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 Missouri (b) County Greene

(c) City or town Republic
(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 _____

3. (a) PRINT FULL NAME George Washington Tompkins

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 7
year 1944 hour 3-40 minute _____ A.M.

21. I hereby certify that I attended the deceased from Nov 22
1944 to Dec 7 1944
that I last saw him alive on Dec 6 1944
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (c) Age of husband or wife if alive _____ years
Sept 7 1867
(Month) (Day) (Year)

Immediate cause of death Robt Pulmonia

Due to failure to clear up

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day

77 3 _____ hr. _____ min.

Major findings: Of operations _____

Of autopsy None

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Retired

MOTHER FATHER

12. Name Richard Tompkins

13. Birthplace New York (City, town, or county) (State or foreign country)

14. Maiden name Sarah Holmes

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

16. (a) Informant Mrs. A. F. West

(b) Address Republic, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 8 1944
(Month) (Day) (Year)

(c) Place: burial or cremation Evergreen Cemetery

18. (a) Signature of funeral director R. E. Thurman

(b) Address Republic, Mo.

19. (a) Dec 8 1944 (Data received local registrar) (b) Glenn Brittain (Registrar's signature)

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 E. L. Real (M. D. or other) _____
Address Republic, Mo. Date signed 12-8-44

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

3900

RECEIVED

Greene County Health Office,

County File Number 45-1-3

Date Filed 1/9/45

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.....

E. M. Pearson, Registered Apprentice No. 9687

working under my personal supervision.

Signed E. M. Pearson

Licensed Embalmer No. 508

P. O. Address Republic 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.