

FILED JAN 13 1945

Registration District No. 7

Primary Registration District No. 3040

Registrar's No. 156

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
916 Broadway Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 59 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston
(c) City or town Chillicothe
(If outside city or town limits, write "RURAL")
(d) Street No. 916 Broadway
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Dora Field Thompson

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 30th 1885
(Month) (Day) (Year)

8. AGE: Years 59 Months 5 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation Dressmaker

11. Industry or business

MOTHER FATHER { 12. Name E. W. Thompson
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Alice J. Linn
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Field Jenkins
(b) Address Chillicothe, Missouri

17. (a) Burial (b) Date thereof 12-20-'44
(Burial, cremation, or removal) (Month)-(Day) (Year)

(c) Place: burial or cremation Edgewood Cemetery

18. (a) Signature of funeral director Norman Funeral Home

(b) Address Chillicothe, Missouri

19. (a) Dec 20 (b) Lou Ella Curry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16th.
year 1944 hour 5:45 minute A. M.

21. I hereby certify that I attended the deceased from Oct 24
1944, to Dec 16, 1944;

that I last saw him alive on Dec 16, 1944;

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

Immediate cause of death Cardiac failure Duration about 7 years

Due to Arteriosclerosis and Myocarditis and Embolus

Due to _____

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

Major findings: Of operations ✓ PHYSICIAN _____

Of autopsy ✓ 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 Dr. Ann Samuelson (or other) D.O.

Address Chillicothe Mo. Date signed 12-18-44

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

45-8

JAN 2 1958

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 _____

_____ **Elmer Thomas** _____, Registered Apprentice No. _____
working under my personal supervision.

Signed *Elmer Thomas*

Licensed Embalmer No. 2640

P. O. Address *Chillicothe, 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.