

No. 2
-8-43
5-17-39
I X37823

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41673

State File No. _____

FILED DEC 18 1944
Registration District No. 227

Primary Registration District No. 4339

Registrar's No. 63

1. PLACE OF DEATH:

(a) County MONROE

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

(c) Name of hospital or institution: S. WASHINGTON
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)

In this community 1 YRS 11 Mo.

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONROE

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

(d) Street No. S. WASHINGTON ST.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARGARET ANN THOMPSON

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 20
year 1944 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from Nov 20 1944 to Nov 20 1944
that I last saw h. alive on _____ and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife JAMES THOMPSON 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased FEB 20, 1860
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis
Duration _____

8. AGE: Years 84 Months 9 Days 20
If less than one day hr. _____ min. _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 440

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

10. Usual occupation AT HOME

11. Industry or business ✓

Major findings: Of operations _____

Of autopsy _____

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

12. Name ALFRED GABBERT

13. Birthplace N.K.
(City, town, or county) (State or foreign country)

14. Maiden name LIZA MEGEE

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

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? _____

16. (a) Informant Mrs. Hazel Jones

(b) Address PARIS, MO

17. (a) BURIAL (b) Date thereof 11-22-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CEDAR GROVE

While at work _____ (Specify type of place) _____ (Specify type of place)

18. (a) Signature of funeral director Speed & Blakey

(b) Address Paris Missouri

19. (a) 11-20-44 (b) [Signature]
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] M. D. or other _____
Address PARIS, MO Date signed 11-20-44

18. (a) Signature of funeral director Speed & Blakey

(b) Address Paris Missouri

19. (a) 11-20-44 (b) [Signature]
(Date received local registrar) (Registrar's signature)

1374

(Licensed Embalmer's Statement on Reverse Side)

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

029

AN 16 1946

RECEIVED

District Health Officer No. 10

District File Number 12-44-2042

Date Filed DEC 4 1944

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

Dixon L. Kelley

Licensed Embalmer No. 4225

P. O. Address Paris, Missouri.

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.