

1. PLACE OF DEATH:
 (a) County Camden
 (b) City or town Maeks-Creek Rural
 (If outside city or town limits, write "RURAL" and state of township)
 (c) Name of hospital or institution Box 23 Highway #54 Adm. Bldg
 (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 four weeks (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Nebraska (b) County Colo. 999
 (c) City or town Eaton (If outside city or town limits, write "RURAL") 5
 (d) Street No. Box 274 (If rural, give location) 0
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 2

3. (a) PRINT FULL NAME: Ordell Wayne Thompson
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 3
 year 1944 hour 11 minute 30 A.M.

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced Child
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: Jan 31 1942
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11-30, 1944, to 11-30, 1944, and that death occurred on the date and hour stated above.

8. AGE: Years 2 Months 11 Days 3 If less than one day _____ hr. _____ min.

Immediate cause of death Bronchiet - Capillary acute Duration 6 days
 Due to Flu

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

Other conditions None
 (Include pregnancy within 3 months of death)

10. Usual occupation: none
11. Industry or business:
 12. Name Ernest Cleveland Thompson
 13. Birthplace Newater Okla.
 (City, town, or county) (State or foreign country)
 14. Maiden name Josephine Myrtle Pope
 15. Birthplace Braemant Okla.
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations None
 Of autopsy None
PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. J. F. Pope
 (b) Address Eaton, Colo. Box 241
 17. (a) Burial (b) Date thereof Dec 6 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Gospel of the Kingdom Cem., Brookston - Waverly
 18. (a) Signature of funeral director Brookston - Waverly
 (b) Address Camden, Mo.
 19. (a) Dec 8 1944 (b) Mrs. A. P. Jackson
 (Date received local registrar) (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 0
 23. Signature E. B. Bluebon (M.D. or other)
 Address Camden, Mo. Date signed 12-6-44

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

5000

1000

12-44-1564
1-17-43

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 *Abie Banks Woolery*

Licensed Embalmer No. *2488*

P. O. Address *Camden Md*

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.