

FILED MAR 16 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9547

State File No. _____

Registration District No. _____

Primary Registration District No. 4165

Registrar's No. 7

1. PLACE OF DEATH

(a) County Daviess

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

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

(d) Length of stay: In hospital or institution 7 Years
(Specify whether years, months or days)

In this community 7 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess 31

(c) City or town Gallatin 0
(If outside city or town limits, write "RURAL")

(d) Street No. --- (If rural, give location)

(e) Citizen of foreign country? No 11 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Hosea Bethel Thompson

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Julia Ann Thompson

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

7. Birth date of deceased March 22 1869
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 2
year 1945 hour 4 minute 10 A.M.

21. I hereby certify that I attended the deceased from June 1942 to Feb. 2 1945
that I last saw him alive on Feb. 1 1945
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	75	10	10	hr. min.

Immediate cause of death

Bulbar Paralysis 7 days

Due to Arterial Sclerosis - 2 yrs.

Due to Essential Hypertension 2 yrs.

Other conditions (Include pregnancy within 3 months of death)

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

10. Usual occupation Farmer

11. Industry or business Retired

Major findings:

Of operations g2

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name James William Thompson

13. Birthplace Unknown Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Julia Ann Bryan

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

16. (a) Informant Wm. J. Thompson

(b) Address 531 Drury Ave., Kansas City

17. (a) Burial (b) Date thereof 2-3-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hopewell Cemetery

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

(b) Address Gallatin, Mo.

19. (a) 2-5-1945 (b) A. C. Fishman
(Date received by 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? _____

While at work _____ (Specify type of place)

(e) Means of injury _____

23. Signature Thos. C. Nelson (M. D. or other)

Address Gallatin, Mo. Date signed 2-2-45

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

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

L. A. Richerson

Licensed Embalmer No.

3307

P. O. Address

Gallatin, 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.