S. No. 2
M—8-43
. 5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10175

Registration District No. 201 Primary Registration District No. 4318 Registrar's No. 33

1. PLACE OF DEATH:

(a) County Marie

(b) City or town Vienna
(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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Marie

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

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Ellis Thompson

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

4. Sex Male 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 8 (Month) 21 (Day) 1874 (Year)

8. AGE: Years 70 Months 6 Days 13 If less than one day hr. min.

9. Birthplace Marie Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Aben Thompson
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Social Security Office
(b) Address Vienna

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-5-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Marie Co. Farm

18. (a) Signature of funeral director W C Burningham
(b) Address Vienna, Mo

19. (a) 3/20/45 (Date received local registrar) (b) Erma Bassett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4
year 1945 hour 4 minute P M.

21. I hereby certify that I attended the deceased from 3/4/, 1945, to 3/4/, 1945;
that I last saw him alive on 3/4/, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 93a	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature S. C. Howard (M.D. or other) D. O.
Address Vienna, Mo. Date signed 3/17/45

1096 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 4-11-45

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.