

FILED JUN 14 1945

State File No. \_\_\_\_\_

Registration District No. 2

Primary Registration District No. 5914

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Perry  
(b) City or town Wittenberg  
(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 \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry  
(c) City or town Wittenberg  
(If outside city or town limits, write "RURAL") \_\_\_\_\_  
(d) Street No. \_\_\_\_\_ (If rural, give location) \_\_\_\_\_  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18  
year 1945 hour 3 minute 10 A. M.  
21. I hereby certify that I attended the deceased from March 20<sup>th</sup>, 1945, to May 18, 1945.  
that I last saw him 1 PM alive on May 17, 1945  
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Vergil Lee Thompson  
(b) If veteran, name war \_\_\_\_\_ (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 December 13 -- 1944  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
5 5 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Rudy Thompson  
13. Birthplace Perry Co Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Elmer Jackson  
15. Birthplace Perry Co Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Rudy Thompson  
(b) Address Wittenberg Mo

17. (a) Burial (b) Date thereof 15-20-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Wittenberg Mo

18. (a) Signature of funeral director Young & Sons  
(b) Address Perry Mo

19. (a) May 18-45 (b) Thor J. Elder  
(Date received local registrar) (Registrar's signature)

Immediate cause of death \_\_\_\_\_  
Tuberculosis, Pulmonary  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 15K  
Of autopsy \_\_\_\_\_

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)  
Means of injury 0

23. Signature Theodore Fischer (M. D. or other) M.D.  
Address Altensburg, Mo. Date signed 5/19/45

Duration

1 mo

2 mo

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

79  
00

RECEIVED

District Health Officer No. 4  
District File Number 645-748  
Date Filed 6-12-45

**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 Wallace J. Perry  
Licensed Embalmer No. 4022  
P. O. Address Perryville, 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.**