V. S. No. 2
DM—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36698

FILED DEC 27 1945

Registration District No. 427

Primary Registration District No. 1000

Registrar's No. 1262

1. PLACE OF DEATH:

(a) County Buchanan

(b) City ~~or town~~ St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No. 2.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 yrs. 7 mo. 22 da. (Specify whether
In this community 2 yrs. 7 mo. 22 da.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll

(c) ~~City or~~ town ~~[illegible]~~ STET
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? ~~yes~~ no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME FLETCHER 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 Divorced

6. (b) Name of ~~husband or~~ wife ~~Unknown~~ Jessie

6. (c) Age of ~~husband or~~ wife if alive Unknown years

7. Birth date of deceased 12 (Month) - 15 (Day) - 1871 (Year)

8. AGE:

Years	Months	Days	If less than one day
73	11	14	hr. min.

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

10. Usual occupation Harness-maker

11. Industry or business Leather worker.

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

MOTHER
14. Maiden name Bettie Forbes
15. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Fletcher Thompson
(b) Address Meadow, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 (Month) 1 (Day) 1945 (Year)
HARDIN, MO.
(c) Place: burial or cremation Rankin Cemetery

18. (a) Signature of funeral director John Dutch
(b) Address Norborne, Mo.

19. (a) Nov. 30, 1945 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 29
year 1945 hour 5 minute 50 P. M.

21. I hereby certify that I attended the deceased from 9-8-, 1944, to 11-29-, 1945,
that I last saw him alive on 11-29-, 1945,
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Secondary Cerebral hemorrhage	2 days
Due to Arterio-sclerosis	unknown
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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 J. H. Morroway (M. D. ~~or other~~)
Address State Hospital No. 2 Date signed 11-29-45

1428 (Licensed Embalmer's Statement on Reverse Side)

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 me

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

working under my personal supervision.

Signed John Deutch

Licensed Embalmer No. Norbone 3654

P. O. Address Norbone Mn

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.