

FILED NOV 16 1945

Registration District No. _____ Primary Registration District No. 4136

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

1. PLACE OF DEATH:

(a) County Clinton

(b) City or town Plattsburg
(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 entire life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton 25

(c) City or town Plattsburg 3
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anna Belle Thompson

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 2 1864
(Month) (Day) (Year)

8. AGE: Years 81 Months 4 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Tillery

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

14. Maiden name Margaret Poe

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

16. (a) Informant Mrs. Hettie Robertson

(b) Address Plattsburg, Missouri

17. (a) Burial (b) Date thereof 10 7 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cemetery

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

(b) Address Plattsburg, Missouri

19. (a) 10-8-45 (b) Mrs. A. C. Hartel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 6 year 1945 hour 5 minute 50 P.M.

21. I hereby certify that I attended the deceased from Oct 3 1945 to Oct 6 1945
that I last saw her alive on Oct 6 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy 2nd attack

Due to _____

Due to _____

Other conditions Cerebral Apoplexy 11 Mo
(Include pregnancy within 3 months of death)
Disabled 11 Mo.

Major findings: Of operations none

Of autopsy none 830

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 M. B. Spalding M.D. (M. D. or other)
Address Plattsburg Mo Date Oct 2 1945

Duration 3da

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

1085

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..... *F. J. Lyon*.....
Licensed Embalmer No. #952.....

P. O. Address Stewartsville, Missouri

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.