

**FILED DEC 7 1945 STANDARD CERTIFICATE OF DEATH**

State File No. **37159**  
Registrar's No. **93**

Registration District No. **120** Primary Registration District No. **4194**

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

1. PLACE OF DEATH:

(a) County Gentry,  
(b) City or town Albany,  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
202 North Hundley  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1  
(Specify whether  
In this community 2 years 5 months  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry, 3  
(c) City or town Albany,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 202 North Hundley  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Jennie Hundley Thompson

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 1  
year 1945 hour 12 minute 9:30 AM

3. (b) If veteran, name war None 3. (c) Social Security No.         

21. I hereby certify that I attended the deceased from June 13 - 45  
19 to Oct 31 - 1945  
that I last saw her alive on Nov - 1 - 45  
and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced 2 Widowed  
6. (b) Name of husband or wife Louis M. Thompson, 6. (c) Age of husband or wife if alive          years  
7. Birth date of deceased Feb'y 22, 1953  
(Month) (Day) (Year)

Immediate cause of death Myocarditis - Duration 1 mo +

8. AGE: Years 92 Months 8 Days 9 If less than one day          hr.          min.

Due to           
Due to           
Other conditions (Include pregnancy within 3 months of death)         

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

PHYSICIAN           
Underline the cause to which death should be charged statistically.  
Major findings: 932  
Of operations           
Of autopsy         

10. Usual occupation At Home,

11. Industry or business         

MOTHER { 12. Name John B. Hundley,  
13. Birthplace Unknown, Tennessee  
(City, town, or county) (State or foreign country)  
14. Maiden name Tabitha Ann Witten  
15. Birthplace Tazewell County, Virginia  
(City, town, or county) (State or foreign country)

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?         

16. (a) Informant Harry M. Hundley,  
(b) Address Glassboro, N.J.

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

17. (a) removal (b) Date thereof 11/1/45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Joseph, Mo.

18. (a) Signature of funeral director Frank H. Rose  
(b) Address St. Joseph, Mo.

23. Signature Frank H. Rose (M. D. or other) M. D.  
Address Albany, Mo. Date signed 11-1-45

19. Nov 7-1945 (Date received local registrar) Homer H. Witten (Registrar's signature)

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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..... *Harold Bowman* .....

Licensed Embalmer No..... *3619* .....

P. O. Address..... *St. Joseph 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.