

FILED DEC 3 1945
Registration District No. 140

Primary Registration District No. 9030

Registrar's No. 248

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

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Festus, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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 Mo. (b) County Jefferson
(c) City or town Festus, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Ridgeway 3
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MAY ANGELINE THOMPSON

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Geo. J. Thompson 6. (c) Age of husband or wife if alive 15 1857
7. Birth date of deceased MAY (Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 11 year 1945 hour 10 minute 40 A.M.

21. I hereby certify that I attended the deceased from 1945 to Nov. 2, 1945
that I last saw her alive on Nov. 2, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease

8. AGE: Years 88 Months 5 Days 26 If less than one day hr. min.

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

10. Usual occupation House work

11. Industry or business _____

MOTHER FATHER { 12. Name Jerry Mc Clein
13. Birthplace Festus, Mo. (City, town, or county) (State or foreign country)
14. Maiden name Mary Donnell
15. Birthplace Festus, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Ralph Martin
(b) Address Festus, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-13-45 (Month) (Day) (Year)

(c) Place: burial or cremation Festus, Mo.

18. (a) Signature of funeral director Frank Smallwood
(b) Address Festus, Mo.

19. (a) Nov 16, 1945 (Date received local registrar) (b) Cleora Brown (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 97 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? _____

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

23. Signature B. Belgar, M.D. (M. D. or other) _____
Address Festus, Mo. Date signed 11/14/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

164V

(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.....

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

working under my personal supervision.

Signed..... *Eleanore Province*

Licensed Embalmer No. *3403*

P. O. Address..... *Justice 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.