

FILED JAN 9 1945 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 167

Primary Registration District No. 5609

Registrar's No. 56

1. PLACE OF DEATH:

(a) County Johnson
 (b) City or town Rural (Rose Hill, Twp)
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Route #3 /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution none (Specify whether
 In this community 77 years
 years, months or days)

3. (a) PRINT FULL NAME FINIS EWING 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 widowed
 6. (b) Name of husband or wife Josie Burns Thompson 6. (c) Age of husband or wife if alive dec'd years
 7. Birth date of deceased October 15, 1868
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	77	0	21	hr. min.

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

10. Usual occupation Retiree Farmer

11. Industry or business same

MOTHER FATHER { 12. Name Carrick Thompson
 13. Birthplace Tennessee 1
 (City, town, or county) (State or foreign country)
 14. Maiden name Isabelle McMahon
 15. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Rolla Baker
 (b) Address Route #3, Centerview, Mo.

17. (a) Burial (b) Date thereof 12/8/45
 (Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (c) Signature of funeral director Canaday & Ropp

(b) Address Holden, Missouri

19. (a) Jan 4, 1946 (b) Mrs. H. V. Redford
 (Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51
 (c) City or town Rural 2
 (If outside city or town limits, write "RURAL")
 (d) Street No. Route #3 0
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No) 0
 If yes, name country XXXXXX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6
 year 1945 hour 11:30 minute A M.

21. I hereby certify that I attended the deceased from Dec 1-45
 19... to Dec 6-45, 19...
 that I last saw him alive on Dec 5-45, 19...
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 24 hrs
Coronary artery disease

Due to Coronary artery disease

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations guy
 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?

While at work? (Specify type of place) (e) Means of injury 0 mtd

23. Signature R. McKeim (M. D. or other) 0 mtd
 Address Warrensburg, Mo Date signed 12-10-45

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 M. H. Canaday
Licensed Embalmer No. 3434
P. O. Address Allen, W. 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.