

FILED JAN 12 1946

Registration District No. 224

Primary Registration District No. 3046 5796

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Monteau
(b) City or town Clarkston Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wolber Hosp
(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 Monteau
(c) City or town Clarkburg Mo.
(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 George Monroe Thompson

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Inez Lee Scott 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Sept. 22 1871
(Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 9 If less than one day hr. min. 0

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name John Calvin Thompson
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name Virginia Claud
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Inez L. Thompson
(b) Address Clarkburg Mo.

17. (a) burial (b) Date thereof 12-31-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Flag Springs

18. (a) Signature of funeral director A. G. Wilson

(b) Address California Mo.

19. (a) 12-31-45 (b) H. R. Popejoy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29 year 1945 hour 7 minute A M.
21. I hereby certify that I attended the deceased from Dec 22 1945 to Dec 29 1945
that I last saw him alive on Dec 28 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Due to Kidney infection
Due to Enlarged Prostate
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy 1570

Duration

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? Yes (Specify type of place) (a) Means of injury 2

23. Signature H. R. Popejoy (M. D. or other) D.O.
Address California, Mo. Date signed 12/29/45

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 1-11-46

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..... A. E. Wilson.....

Licensed Embalmer No. 2351.....

P. O. Address California, 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.