

FILED JAN 3 1946
768 212

Registration District No. _____

Primary Registration District No. 44504457

Registrar's No. 912

1. PLACE OF DEATH:

(a) County St. Clair
(b) City or town Louisy City
(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 Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair
(c) City or town Louisy City
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOSEPHINE READING 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 married
6. (b) Name of husband or wife Perry V. 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased 3 - 26 - 1869
(Month) (Day) (Year)

8. AGE: Years 76 Months 8 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business _____

12. Name J. H. Reading
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Sarah M. Ebbin
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Perry V. Thompson
(b) Address Louisy City Mo.

17. (a) Burial (b) Date thereof 12-1-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Burial Louisy City Cemetery

18. (a) Signature of funeral director Ada Jackson
(b) Address Louisy Mo.

19. (a) Dec 1 1945 (b) Ada Jackson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 29
year 45 hour 11:30 minute _____ A. M.

21. I hereby certify that I attended the deceased from Sept. 1945 to Nov. 29, 1945
that I last saw her alive on Nov. 29, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Uremic Poisoning Duration 22 days

Due to Refractory Arteriosclerosis
Angiocarditis

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

Major findings: Of operations _____
Of autopsy _____

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

22. If death was due to external cause: (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 _____
23. Signature Dr. Dawson (M. D. or other) _____
Address Louisy Mo. Date signed 2-2-46

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

93
0
0

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

Fred Wilkinson

Licensed Embalmer No. *2478*

P. O. Address *Clendon, Md*

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.