S. No. 2
M—5-42
5-17-39
1 X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 14 1946

State File No. 2425

Registration District No. 61 Primary Registration District No. 4107 Registrar's No. 3

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town El Dorado Spgs Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Adult Conservation Club 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital ~~or institution~~ 8 days (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cedar 20

(c) City or town Rural 0 (If outside city or town limits, write "RURAL")

(d) Street No. Stockton Mo RFD 0 (If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME LYDIA BELL 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 Widow V

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov (Month) 3 (Day) 1854 (Year)

8. AGE: Years 81 Months 2 Days 21 If less than one day hr. min.

9. Birthplace Washington Co (City, town, or county) Penn (State or foreign country)

10. Usual occupation Homewife

11. Industry or business

FATHER
12. Name William Lloyd
13. Birthplace (City, town, or county) Penn (State or foreign country)

MOTHER
14. Maiden name Annie Baldwin
15. Birthplace (City, town, or county) Penn (State or foreign country)

16. (a) Informant Willis Lloyd

(b) Address Milford Mo RFD #3

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/27/46 (Month) (Day) (Year)

(c) Place: burial or cremation Brazier Cem

18. (a) Signature of funeral director Nafus Funeral Home

(b) Address El Dorado Spgs Mo

19. (a) 1/29/46 (Date received local registrar) (b) J. C. Brannan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24 year 1946 hour 8 minute 02 P.M.

21. I hereby certify that I attended the deceased from Jan 19 1946 to Jan 24 1946 that I last saw her alive on Jan 24 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Gangrene of feet & hands

Due to Frostbite

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

98.2

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature C. Kinderwith (M. D. or other) DO.

Address El Dorado Spgs Date signed 1-29-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Officer No. 7,

1-46-132

Date Filed 2-13-46

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 George W. Mafes

Licensed Embalmer No. 2752

P. O. Address El Dorado Springs 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.