

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. _____

Registration District No. 322

Primary Registration District No. 6087

1. PLACE OF DEATH:

(a) County Saline (Cambridge Twp)
(b) City or town Slater "Rural"
(c) Name of hospital or institution: 7 mi N. Slater
(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 Mo (b) County Saline 99
(c) City or town Slater "Rural" 0
(d) Street No. 7 mi N. Slater 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME BENJIMAN FRANKLIN THOMPSON

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

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased July - 19 - 1857
(Month) (Day) (Year)

8. AGE: Years 88 Months 5 Days 21 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name W. Thompson
13. Birthplace Nashville Tenn.
14. Maiden name Arnie Johnson
15. Birthplace Ind. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. P. L. Murdock
(b) Address Slater Mo R3.

17. (a) Burial (b) Date thereof 1-13-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Slater Mo

18. (a) Signature of funeral director Harry Herschberger
(b) Address Marshall Mo

19. (a) Jan 15-46 (b) Mrs. Carl C. Metz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10
year 1946 hour 9 minute 20 P.M.

21. I hereby certify that I attended the deceased from Jan 9 to Jan 9
that I last saw him alive on Jan 9
and that death occurred on the date and hour stated above.

Immediate cause of death: Basal Pneumonia
Due to: Cerebral Hemorrhage 1-9-46

Due to _____
Other conditions (include pregnancy within 3 months of death) None

Major findings: None
Of operations None
Of autopsy None

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence None
(c) Where did injury occur? None
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? None (Specify type of place) (e) Manner of injury _____
23. Signature W. E. Shepherd (M. D. or other) _____
Address Slater Mo Date signed 1/12/46

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

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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Number No. 0

District File Number.....

Date Filed 2-7-46

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 Harry Hershberger

Licensed Embalmer No. 435-7

P. O. Address Marshall 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.