. No. 2
—8-43
5-17-39
1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 1 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6718

Registration District No. 278 Primary Registration District No. 3054 Registrar's No.

1. PLACE OF DEATH:
(a) County Pike
(b) City or town Louisiana
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2I5 N. 6th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DEACESED:
(a) State Mo (b) County Pike
(c) City or town Louisiana
(If outside city or town limits, write "RURAL")
(d) Street No. 2I5 N. 6 th St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jack 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 Sonora Thompson
6. (c) Age of husband or wife if alive 6I years
7. Birth date of deceased June (Month) 28 (Day) I870 (Year)

8. AGE: Years 75 Months 6 Days 6 If less than one day hr. min.
9. Birthplace Buffalo Twn. Pike Co. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business

MOTHER FATHER
12. Name James Thompson
13. Birthplace Roode House, Ill. (City, town, or county) (State or foreign country)
14. Maiden name Adelline Bandy
15. Birthplace ? ? (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jack Thompson
(b) Address Louisiana, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof I - 7-46 (Month) (Day) (Year)
(c) Place: burial or cremation Riverview Cem.
18. (a) Signature of funeral director Haley Mortuary
(b) Address Louisiana, Mo.
19. (a) 1/7/46 (Date received local registrar) (b) Margaret E. Stephens (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 4 year 1946 hour 9 minute 50 P M.
21. I hereby certify that I attended the deceased from 1-4, 1946 to 1-4-, 1946 that I last saw h. alive on 1-4-, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Septic Infection Back of Rt. Hand
Due to Cause not determined
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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) none
(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? no (Specify type of place)
(e) While at work? no (f) Means of injury no
23. Signature Charles F. Lewellen M.D. (M. D. or other)
Address Louisiana, Missouri Date signed 1-5-46

255 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 1
District File Number 2-46-31
Date Filed FEB 28 1946

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 George O. Wagner, Registered Apprentice No. ....., working under my personal supervision.

Signed George O. Wagner

Licensed Embalmer No. 3773

P. O. Address Louisiana

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.