

S. No. 2
M-8-43
5-17-39
P-1 X37823

8973
State File No. _____
Registrar's No. 97

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 19 1946
Registration District No. 107

Primary Registration District No. 3019

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
7903

1. PLACE OF DEATH:
(a) County Franklin Mo.
(b) City or town Kennett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Prussell Hospital
(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 Missouri (b) County Franklin
(c) City or town Kennett Mo.
(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 Jake Thompson
3. (b) If veteran, name war _____ 3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 18 year 1946 hour 12 minute 30 P. M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April - 7 - 1907
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3-17-46, 19____ to 3-18-46, 19____; that I last saw him alive on 3-18-46, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death _____

8. AGE: Years 38 Months 11 Days 11 If less than one day _____ hr. _____ min.

Cancer of the throat
Due to _____
Due to _____

9. Birthplace Hollywood, Mo
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

MOTHER FATHER
11. Industry or business _____
12. Name Benjamin Thompson
13. Birthplace North Carolina
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Brannon
15. Birthplace Hollywood Mo
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Ernest Thompson
(b) Address Partonville, Mo
17. (a) Burial (b) Date thereof 3-20-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funeral Home
18. (a) Signature of funeral director Daniel Tunnell
(b) Address Kennett, Mo
19. (a) 3-22-46 (b) Carl Husband
(Date received local registrar) (Registrar's signature)

18. (a) Signature of funeral director Daniel Tunnell
(b) Address Kennett, Mo
19. (a) 3-22-46 (b) Carl Husband
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury 0
23. Signature R. C. Wilson (M. D. or other) M. D.
Address Kennett, Mo Date signed 3-20-46

RECEIVED

District Health Office No. 2,

District File Number 446-486

Date Filed 4-8-46

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. M. Daniel

Licensed Embalmer No. 2093

P. O. Address Senath 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.