

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
**FILED APR 4 1946**  
 THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. \_\_\_\_\_  
 Registrar's No. 34

Registration District No. 291 Primary Registration District No. 3057

**1. PLACE OF DEATH:**  
 (a) County Ray  
 (b) City or town Richmond  
 (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 all life years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Ray  
 (c) City or town Richmond  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. North Thornton St.  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Mildrid Ann Thompson  
 3. (b) If veteran, name war. No 3. (c) Social Security No. No  
 4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Divorced  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Feb. 29 1880  
 (Month) (Day) (Year)

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month Mar. day 12  
 year 1946 hour 12 minute 40 P. M.  
 21. I hereby certify that I attended the deceased from Mar 10 - 14 1946 to Mar 12 1946  
 that I last saw her alive on Mar 10 - 1946  
 and that death occurred on the date and hour stated above.

**8. AGE:** Years Months Days If less than one day  
66 1 12 hr. min.

Immediate cause of death  
Carcinoma of Stomach  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

9. Birthplace Ray Co. Mo.  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation House Wife

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

**MOTHER FATHER**  
 11. Industry or business \_\_\_\_\_  
 12. Name T. J. Gorham  
 13. Birthplace Ray Co. Mo.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Sarah M. Schooler  
 (City, town, or county) (State or foreign country)  
 15. Birthplace Ray Co. Mo.  
 (City, town, or county) (State or foreign country)

**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.  
H. B. K.

16. (a) Informant Mrs. B. P. Allnut  
 (b) Address Richmond, Mo.  
 17. (a) Burial (b) Date thereof Mar. 14, 1946  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Sandals Cemetery  
 18. (a) Signature of funeral director Chriman  
 (b) Address Richmond, Mo.  
 19. (a) March 15 - 46 (b) Malcolm Jackson  
 (Date received local registrar) (Registrar's signature)

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?  
 While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
 23. Signature E. G. Ray (M. D. or other) 3-15-46  
 Address Richmond, Mo. Date signed \_\_\_\_\_

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

9391

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**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.....

Licensed Embalmer No. 2073

P. O. Address..... Richmond, 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.**