

FILED JUN 20 1946

Primary Registration District No. 3048

Registrar's No. 94

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
112 North Newton St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 7 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74
(c) City or town Maryville 1
(If outside city or town limits, write "RURAL")
(d) Street No. 112 North Newton St. 2
(If rural, give location)
(e) Citizen of foreign country? no 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Abner Thompson

3. (b) If veteran, name war no
3. (c) Social Security No. none

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

6. (b) Name of husband or wife Bessie Thompson
6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased August 6, 1874
(Month) (Day) (Year)

8. AGE: Years 71 Months 8 Days 29
If less than one day _____ hr. _____ min.

9. Birthplace Seneca Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation retired farmer

11. Industry or business _____

12. Name Jessie Josiah Thompson /

13. Birthplace Wilton Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Barleaky Porter

15. Birthplace Mich /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bessie Thompson

(b) Address Maryville, Mo.

17. (a) burial (b) Date thereof 6-8-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ohio Cemetery

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

(b) Address Maryville Mo

19. (a) Jesse Holt (b) Jesse Holt
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month June day 5
year 1946 hour 10 minute 40 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on 6-4-46 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

terminal congestive pneumonia

Due to _____

Due to _____

Other conditions arteriosclerosis
(Include pregnancy within 8 months of death)

cerebral thrombosis

Major findings: Of operations hypertension

Of autopsy 97

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)

(e) Means of injury _____

23. Signature J. C. Brumman (M. D. or other) _____

Address 1318 N. Main, Maryville Date signed 6-6-46

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

STATEMENT BY LICENSED EMBALMER

DISTRICT HEALTH OFFICE
Cameron, Mo.

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..... *W. L. Lee*

Licensed Embalmer No. *2539*

P. O. Address..... *Marionville 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.