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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 10 1946

State File No. 27713

Registration District No. 200 Primary Registration District No. 3041 Registrar's No. 92

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

26551

1. PLACE OF DEATH:

(a) County Macon

(b) City or town Macon
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(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 Mo. (b) County Macon 61

(c) City or town Macon 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Alice D. Thompson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race W

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Dr L. M. Thompson

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

7. Birth date of deceased May (Month) 5 (Day) 1861 (Year)

8. AGE: Years 85 Months 1 Days 9 If less than one day ..... hr. ..... min.

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

10. Usual occupation Retired House wife

11. Industry or business

FATHER
12. Name Alexander Nickell 1
13. Birthplace West Virginia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah E. Newsom
15. Birthplace Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant Maud M. Rompee
(b) Address Macon, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 (Month) 16 (Day) 46 (Year)
(c) Place: burial or cremation Oak Wood Cem. Macon Mo

18. (a) Signature of funeral director Stephens & Goodding
(b) Address Macon, Mo

19. (a) Aug 30-46 (Date received local registrar) (b) Jill McNeely (Registrar's signature)

185

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14th year 1946 hour 5 minute 55 A.M.

21. I hereby certify that I attended the deceased from ..... 19.. to ..... 19..
that I last saw her alive on June 14 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Uraemia

Due to Hypertension

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) ✓

(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? ✓
(Specify type of place)
While at work? ✓ (e) Means of injury 0

23. Signature L. E. Nickell M.D. (M.D. or other)
Address Moberly, Mo Date signed June 15, 46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 9-46-164
Date Filed SEP 7 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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed O. L. Stephens

Licensed Embalmer No. 3057

P. O. Address Macon, 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.