

S. No. 2
OM-8-43
v. 5-17-39
X37825

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27887

State File No. _____

FILED SEP 11 1946
Registration District No. 244

Primary Registration District No. 6834

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Diamond
(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 10 years
years, months or days

3. (a) PRINT FULL NAME DORA ETTA THOMPSON

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased November 3 1872
(Month) (Day) (Year)

8. AGE: <u>73</u> Years	Months <u>9</u>	Days <u>28</u>	If less than one day hr. _____ min. _____
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9. Birthplace Clay County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Unknown 9

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

14. Maiden name Unknown 9

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

16. (a) Informant Floyd M. Emery
(b) Address St. Joseph MO.

17. (a) Burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Diamond Cemetery

18. (a) Signature of funeral director Edwards
(b) Address Carthage
19. (a) Sept 11 46 (b) Mrs. Allie Parnell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73

(c) City or town Diamond 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 31,
year 1946 hour 4:00 minute _____ A.M.

21. I hereby certify that I attended the deceased from 15 to Aug 31,
that I last saw her alive on Aug 30, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Insufficiency
Dropsy

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 928
Of autopsy _____

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) _____ (Specify means of injury) _____

23. Signature [Signature] (M. D. or other) _____
Address Carthage, MO. Date signed 8/31/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

222

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. _____
District File Number 946-130
Date Filed SEP 10 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 Ed [Signature]
Licensed Embalmer No. 2222
P. O. Address Carthage

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.