S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28029

FILED SEP 14 1946

Registration District No. [illegible] Primary Registration District No. 5969 Registrar's No. 35

1. PLACE OF DEATH:

(a) County Platte County

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

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 85 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte 83

(c) City or town Weston Missouri Rural 0
(If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME William S Thompson

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex Male 0

5. Color or race white

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

6. (b) Name of husband or wife Louisa Thompson

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

7. Birth date of deceased April (Month) 4th (Day) 1861 (Year)

8. AGE: Years 85 Months 3 Days 29 If less than one day hr. min.

9. Birthplace Platte County (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Farmer

11. Industry or business Industry

FATHER
12. Name J.B. Thompson
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Ziba Ussary
15. Birthplace (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Wayne Thompson
(b) Address Weston Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. (Month) 5th (Day) 1946 (Year)

(c) Place: burial or cremation Pleasant Ridge Cem.

18. (a) Signature of funeral director Lucean Davis
(b) Address Dearborn Mo.

19. (a) 8-5-46 (Date received local registrar) (b) Mrs. Ophia Rollins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 3
year 1946 hour 2 minute 40 A M.

21. I hereby certify that I attended the deceased from Aug 2nd, 1944, to Aug. 3rd, 1946
that I last saw him alive on Aug 2nd, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris — Duration 1 day.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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

23. Signature S. L. Durham (M. D.)
Address Dearborn Mo. Date signed 8-5-46

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Lucian Davis

Licensed Embalmer No. 4160

P. O. Address Dearborn 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.