

FILED SEP 16 1948 STANDARD CERTIFICATE OF DEATH

State File No. 29783  
Registrar's No. 78

Registration District No. 5-2 Primary Registration District No. 5182

1. PLACE OF DEATH:

(a) County: Cassie Episcopiary  
(b) City or town: Rural Shannon Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 3 miles from Fruitland, Mo  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution (Specify whether)  
In this community: Entire life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Cassie Episcopiary  
(c) City or town: Rural Shannon Twp  
(If outside city or town limits, write "RURAL")  
(d) Street No.: 3 miles S.E. Fruitland  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME: Wilbur H. Thompson

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

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

6. (b) Name of husband or wife: Helen Cudd Thompson 6. (c) Age of husband or wife if alive: 49 years

7. Birth date of deceased: Oct 3 1893  
(Month) (Day) (Year)

8. AGE: Years: 52 Months: 10 Days: 29 If less than one day: hr. - min.

9. Birthplace: near Fruitland Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation: Farming

11. Industry or business: Fielding Thompson

12. Name: Wilbur H. Thompson

13. Birthplace: Pocahontas Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name: Shabie Sides

15. Birthplace: near Appleton Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant: Wilbur Thompson

(b) Address: R.F.D. 1 Jackson, Mo.

17. (a) Burial (b) Date thereof: Sept 4, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Russell Heights

18. (a) Signature of funeral director: H.C. Caudill

(b) Address: Jackson, Mo.

19. (a) 9-5-48 (b) D.S. Sides  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept day: 2  
year: 1946 hour: 2 minute: 30 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis

Due to: Chronic Myocarditis

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury: 3

23. Signature: J.F. Sigmond (M.D. or other) Coroner  
Address: Jackson Mo Date signed: 9/5/46

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

16

2019

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RECEIVED

District Health Officer No. 4  
District File Number 946-2597  
Date Filed 9-13-46

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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 Gene C. Cascoff

Licensed Embalmer No. 4327

P. O. Address Jackson, 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.