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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 3 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30907

State File No.

Registration District No. 182 Primary Registration District No. 4298 Registrar's No. 27

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

1. PLACE OF DEATH:
(a) County: Linn
(b) City or town: Linneus
(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 years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Linn 58
(c) City or town: Linneus 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) 0
If yes, name country: XXXXX

3. (a) PRINT FULL NAME: James Walter Thompson
3. (b) If veteran, name war: XXXXXX
3. (c) Social Security No.
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Pearl Ann
6. (c) Age of husband or wife if alive: 69 years
7. Birth date of deceased: November (Month) 29 (Day) 1876 (Year)

8. AGE: Years	Months	Days	If less than one day
69	9	22	hr. min.

9. Birthplace: Tazewell Co. (City, town, or county) Virginia / (State or foreign country)
10. Usual occupation: Retired farmer
11. Industry or business:
FATHER 12. Name: James Lafayette Thompson
FATHER 13. Birthplace: XXXXXXXX (City, town, or county) Virginia / (State or foreign country)
MOTHER 14. Maiden name: Jane Nida
MOTHER 15. Birthplace: XXXXXXXX (City, town, or county) Virginia / (State or foreign country)
16. (a) Informant: Dee J. K. Thompson
(b) Address: Linneus, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/26/1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Elmwood Cemetery
18. (a) Signature of funeral director: Thorne Undt. Co. D.A. Taylor
(b) Address: Linneus, Mo.
19. Sept 28-1946 (Date received local registrar) (b) Mrs Birdie Kelley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 24th year 1946 hour 7 minute a. M.
21. I hereby certify that I attended the deceased from Sept. 14, 1946 to Sept 24, 1946; that I last saw h. alive on Sept 21, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 94A
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) 2
While at work? (e) Means of injury
23. Signature: Dr W H Payne (M. D. or other) DO
Address: Purdin, Missouri 9/25 Date signed

(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 Darr A. Taylor,

Licensed Embalmer No. 3761

P. O. Address Lomeus, 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.