

1. PLACE OF DEATH:

(a) County Pemiscot
 (b) City or town Steele, (Rural) Virginia Twp.
 (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.....
 In this community 3 Hrs
 years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78
 (c) City or town Steele, (Rural)
 (If outside city or town limits, write "RURAL")
 (d) Street No.....
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1st
 year 1946 hour 12:00 minute..... A.M.

21. I hereby certify that I attended the deceased from Sept 1
 1946 to Sept 1 1946
 that I last saw him alive on Sept 1 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death

premature

Due to

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 sta-
tistically.

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)
(e) Means of injury.....

23. Signature J.R. Chapman (M. D. or other)
 Address Steele, Mo Date signed 10/6/46

3. (a) PRINT FULL NAME Horris Thompson

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

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

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if

7. Birth date of deceased Sept 1 1946
 (Month) (Day) (Year)

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

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

10. Usual occupation None11. Industry or business None12. Name Roy Thompson13. Birthplace Alsborough, Miss.
(City, town, or county) (State or foreign country)14. Maiden name Rosie Hammock15. Birthplace Red Bay, Ala.
(City, town, or county) (State or foreign country)16. (a) Informant Roy Thompson(b) Address Steele, Mo. R # 217. (a) Burial (b) Date thereof 9 / 2 . 46.
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Jones Cemetery18. (a) Signature of funeral director J.L. German(b) Address Steele, Mo.19. (a) 10-2-46 (b) J.R. Chapman
(Date received local registrar) (Registrar's signature)

10-46-209

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.....

Not Embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.