

S. No. 2
DM-5-43
v. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 19 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36773**

Registration District No. **134** Primary Registration District No. **4208** Registrar's No. _____

1. PLACE OF DEATH:
(a) County Harrison
(b) City or town Cainsville
(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 All Life years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Harrison
(c) City or town Cainsville
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lester Thompson
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October 15th
year 1946 hour 4 minute 35 P.M.
21. I hereby certify that I attended the deceased from 20 min to death
_____, 19____, to _____, 19____;
that I last saw him in alive on Oct 15, 1946;
and that death occurred on the date and hour stated above.

4. Sex Male **5. Color or race** White
6. (a) Single, widowed, married, divorced Widowed
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 21 1870
(Month) (Day) (Year)

Immediate cause of death Coronary Sclerosis Duration _____
Due to _____
Due to _____

8. AGE: Years Months Days If less than one day
76 4 24 _____ hr. _____ min.

Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____

9. Birthplace Madison Twp., Harrison Co., Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer

PHYSICIAN
Underline the cause to which death should be charged statistically.
94A

11. Industry or business
12. Name Robert Thompson
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Jane Alexander
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Forest Thompson
(b) Address Cainsville, Mo.
17. (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Oct. 17, 1946
(Month) (Day) (Year)
(c) Place: burial or cremation Glaze Cemetery

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature M. S. Duff (M. D. 11/11/46)
Address Cainsville, Missouri **Date signed** 10/16/46

18. (a) Signature of funeral director E. J. Stoklasa
(b) Address Cainsville, Mo.
19. (a) Nov. 7-46 (Date received local registrar) **(b) S. P. Shaw** (Registrar's signature)

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

11
0
0

33

117

JAN 2 1961

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, of

Eddie J. Stoklass, Registered Apprentice No. _____
working under my personal supervision.

Signed [Signature]

Licensed Embalmer No. 3602

P. O. Address Gainsville, Missouri.

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.