

FILED JAN 14 1947

State File No. _____

Registration District No. 133

Primary Registration District No. 3022

Registrar's No. 121

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town Bethany
(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 _____ (Specify whether _____)
In this community 25 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Harrison 41

(c) City or town Bethany
(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 _____

3. (a) PRINT FULL NAME Mary E. Thompson

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28
year 1946 hour 11 minute 45 P. M.

21. I hereby certify that I attended the deceased from 2, 1945, to Dec 28, 1946
that I last saw H.E.R. alive on Dec 27, 1946
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Thomas J. Thompson (c) Age of husband or wife if alive Dec years

7. Birth date of deceased Sept 22 1861
(Month) (Day) (Year)

Immediate cause of death Arterio insufficiency

Duration _____

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

85 3 6 hr. min.

9. Birthplace Sangamon Co. Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name James A. Hurst

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Susan E. Justice

15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

Other conditions Nephritis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Kenneth Thompson

(b) Address Bethany Mo

17. (a) Burial (b) Date thereof Jan 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cedar Hill Cemetery

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? _____

18. (a) Signature of funeral director J. E. Wheeler
(b) Address Bethany Mo.

19. (a) 12/31/46 (b) Zola Burris
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature L. M. Probst (M.D. or other) Dr.
Address Bethany Date signed 12/31/46

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

39156

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

Joe E. Wheeler

Licensed Embalmer No. *3512*

P. O. Address. *Bethany 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.