

FILED DEC 24 1946

Registration District No. 767

Primary Registration District No. 4256

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Johnson  
(b) City or town Holden  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5th & Main Streets  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none  
(Specify whether  
In this community 48 years  
years, months or days)

3. (a) PRINT FULL NAME FANNIE A. THOMPSON

3. (b) If veteran, name war none  
3. (c) Social Security No. none

4. Sex female 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Wm. G. Thompson  
6. (c) Age of husband or wife if alive 75 years  
7. Birth date of deceased July 14, 1873  
(Month) (Day) (Year)

8. AGE: Years 73 Months 4 Days 23  
If less than one day hr. min.

9. Birthplace Henry County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at home

MOTHER FATHER { 12. Name M. Tagwell Morgan  
13. Birthplace Roanoke County, Va.  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary E. Thomas  
15. Birthplace Roanoke County, Va.  
(City, town, or county) (State or foreign country)

16. (a) Informant W. G. Thompson  
(b) Address Holden, Missouri  
17. (a) Burial (b) Date thereof 12/9/46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Holden Cemetery

18. (a) Signature of funeral director Canaday and Ropp  
(b) Address Holden, Missouri  
19. (a) Dec 18, 1946 (b) Mrs H V Redford  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson  
(c) City or town Holden  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5th and Main Streets  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country XXXX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7  
year 1946 hour 7:45 minute P M.

21. I hereby certify that I attended the deceased from Dec 1 of 46  
1946 to Dec 7, 1946  
that I last saw her alive on Dec 7, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Right Ventricular heart failure Duration 1 hour

Due to hypertensive Encephalopathy 1 yr  
accelerated Essential Hypertension 2 yr  
Due to Multiple Capillary cerebral thromboses

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations  Of autopsy   
f3 B

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) no  
(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) While at work? \_\_\_\_\_ (e) Means of injury TO  
23. Signature Kelly Rawlins (M. D. or other)  
Address Holden, Mo Date signed 12/10/46

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

FEB 3 1958

NOV 9 1948

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..... *M L Casaday*.....  
Licensed Embalmer No..... *3484*.....  
P. O. Address..... *Helden, 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.