

S. No. 2  
M-8-43  
5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41173

State File No. \_\_\_\_\_

FILED JAN 7 1947

Registration District No. 175

Primary Registration District No. 3036

Registrar's No. 146

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

1. PLACE OF DEATH: Lawrence

(a) County: Lawrence

(b) City or town: Aurora

(c) Name of hospital or institution: Aurora Hospital

(d) Length of stay: In hospital or institution: 2 days

In this community: 14 years

3. (a) PRINT FULL NAME: Eugene Thompson

3. (b) If father, name war: \_\_\_\_\_

3. (c) Social Security No.: \_\_\_\_\_

4. Sex: Male

5. Color or race: white

6. (a) Single, widowed, married, divorced: widowed

6. (b) Name of husband or wife: Venette

6. (c) Age of husband or wife if alive: 1858 years

7. Birth date of deceased: July 9 1858

8. AGE: Years 88, Months 5, Days 6

9. Birthplace: Jefferson City, Mo.

10. Usual occupation: Farmer - Retired

11. Industry or business: \_\_\_\_\_

12. Name: Charles Thompson

13. Birthplace: Pittsfield Mass. 1

14. Maiden name: Mollie Gordon

15. Birthplace: Va.

16. (a) Informant: Mrs. Bessie Brown

(b) Address: Marionville, Mo.

17. (a) Burial (b) Date thereof: 12-17-46

(c) Place: burial or cremation: Jefferson City, Mo.

18. (a) Signature of funeral director: \_\_\_\_\_

(b) Address: Marionville, Mo.

19. (a) 12-20-46 (b) Osa Mae Nath

2. USUAL RESIDENCE OF DECEASED: Missouri Lawrence 55

(a) State: Missouri (b) County: Lawrence

(c) City or town: Marionville

(d) Street No. \_\_\_\_\_

(e) Citizen of foreign country? \_\_\_\_\_

20. DATE OF DEATH: Month Dec day 15 year 1946 hour 5 minute 45 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 1946 to \_\_\_\_\_ 1946 that I last saw him alive on Dec-15-1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis - 4/12

Due to: \_\_\_\_\_

Due to: \_\_\_\_\_

Other conditions: \_\_\_\_\_

Major findings: Of operations: ASD

Of autopsy: \_\_\_\_\_

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? \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

23. Signature: \_\_\_\_\_ (M. D. or other) \_\_\_\_\_

Address: \_\_\_\_\_ Date signed: 12/16/46

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,  
District File Number 147-7

Date Filed JAN 6 1947

1947 P. MDC

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 Herman Purridge

Licensed Embalmer No. 3072

P. O. Address Marionville

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.