

S. No. 2
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7. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Sanborn
State File No. 41237

Registration District No. 184 Primary Registration District No. 3032 Registrar's No. 236

1. PLACE OF DEATH:
(a) County Linn
(b) City or town Brookfield
(c) Name of hospital or institution 221 W Wood
(d) Length of stay: In hospital or institution 3 years
In this community 3 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Linn 58
(c) City or town Brookfield
(d) Street No. 221 W Wood
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME GEORGE JAMES THOMPSON

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

4. Sex M Color or race W

(b) Name of husband or wife Mary Ella Thompson 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased Aug 9 - 1863

8. AGE: Years 83 Months 4 Days 11

9. Birthplace Des Moines Mo

10. Usual occupation Net Farmer

11. Industry or business

12. Name Morgan O Thompson
13. Birthplace Athens Ohio

14. Maiden name Jane Potter
15. Birthplace Adams Co Ill

16. (a) Informant J J Thompson
(b) Address Springfield Ill

17. (a) Burial (b) Date thereof Dec 22 1946
(c) Place: burial or cremation Pilot Grave #2

18. (a) Signature of funeral director Full Funeral Home
(b) Address Brookfield Mo

19. (a) 12/21/46 (b) W B Erwin

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20 year 1946 hour 7 minute 15 P M.

21. I hereby certify that I attended the deceased from Dec 9, 1946 to Dec 20, 1946 that I last saw him alive on Dec 20, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 12-9-46

Due to Essential hypertension

Due to Atherosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations f 3 P

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? (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 W B Erwin (M. D. or other) DO
Address Brookfield Mo Date signed 12-21-46

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

48849

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 J. H. Blacklock
Licensed Embalmer No. 2246
P. O. Address Brookfield 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.