

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Vanduser
(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 2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott
(c) City or town Vanduser
(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 Edward Logan Thompson

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

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

6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: January 27 1933
(Month) (Day) (Year)

8. AGE: Years 13 Months 9 Days 13
If less than one day hr. _____ min. _____

9. Birthplace: Uplier Ark
(City, town, or county) (State or foreign country)

10. Usual occupation: School Child

11. Industry or business: None

MOTHER FATHER

12. Name: Logan Thompson

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

14. Maiden name: Christina Mae Williams

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

16. (a) Informant: Mrs. Beba Raspberry

(b) Address: Vanduser Mo.

17. (a) Burial (b) Date thereof: 11-22-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Carthage Mo.

18. (c) Signature of funeral director: W. L. ...

(b) Address: Jefferson Mo.

19. (a) Dec 13-46 (b) A. Bryant
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 20
year 1946 hour 4 minute 20 P.M.

21. I hereby certify that I attended the deceased from 11/16 1946 to 11/20 1946
that I last saw him alive on 11/20 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Endocarditis
Due to: Rheumatoid fever

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

Duration _____
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) _____
(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 _____

23. Signature: J. L. ... (M. D. or other)
Address: Jefferson Mo. Date signed 11/20/46

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

15029

RECEIVED

District Health Office No. 2,

District File Number 1246-146

Date Filed 12-16-46

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 Raymond Crews

Licensed Embalmer No. 3467

P. O. Address St. Keston 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.