

State File No. \_\_\_\_\_  
 Registrar's No. 4

Registration District No. 98 Primary Registration District No. 4163

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

**1. PLACE OF DEATH:**  
 (a) County DAVISS  
 (b) City or town JAMESPORT  
(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 years, months or days)  
 In this community 59 years

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State MISSOURI (b) County DAVISS  
 (c) City or town JAMESPORT  
(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** ROBERT VICTOR THOMPSON  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. NONE  
 4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
 6. (b) Name of husband or wife JENNIE NICHOLS THOMPSON 6. (c) Age of husband or wife if alive 74 years  
 7. Birth date of deceased Feb 29, 1864  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month January day 11 year 1947 hour 7:30 minute A M.  
 21. I hereby certify that I attended the deceased from found dead in office to \_\_\_\_\_ 19\_\_\_\_  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death Hyper-tensive Cardiac Vascular cerebral disease Duration \_\_\_\_\_

**8. AGE:** Years 82 Months 10 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Newark New Jersey  
(City, town, or county) (State or foreign country)

10. Usual occupation M. D.  
 11. Industry or business MEDICAL PRACTICE

12. Name Richard Thompson  
 13. Birthplace Newark New Jersey  
(City, town, or county) (State or foreign country)  
 14. Maiden name Hester Booth  
 15. Birthplace Newark England 4  
(City, town, or county) (State or foreign country)

16. (a) Informant John V. Thompson  
 (b) Address Jamesport, Missouri

17. (a) BURIAL (b) Date thereof Jan. 19 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation St. J. F. Lundy, Jamesport, Mo.

18. (a) Signature of funeral director Raymond A. Darr  
 (b) Address Gretna, Mo.

19. (a) 1-14-47 (b) Virginia M. Englehart  
(Date received local registrar) (Registrar's signature)

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

**PHYSICIAN**  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy 31A

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)  
 Means of injury \_\_\_\_\_  
 23. Signature Ray Bailey \_\_\_\_\_ (M.D. or other)  
 Address Ballata, Mo. Date signed 1-11-47

JAN 30 1947

FEB 18 1947

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.....

working under my personal supervision.

Myself

Registered Apprentice No. ....

Signed

Raymond A. Lewis

Licensed Embalmer No. 3424

P. O. Address Trenton, 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.