

FILED FEB 5 1947
Registration District No. 218

Primary Registration District No. 3050

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Caruthersville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
300 E. 12th, St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Life-time
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot
(c) City or town Caruthersville
(If outside city or town limits, write "RURAL")
(d) Street No. 300 E. 12th, St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

1. (a) PRINT FULL NAME William Harrison Thompson

20. DATE OF DEATH: Month January day 24
year 1947 hour 6 minute 40 P. M.

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

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

21. I hereby certify that I attended the deceased from Jan. 10 - 1947 to Jan. 24 - 1947
that I last saw him alive on Jan. 24 - 1947
and that death occurred on the date and hour stated above.

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

7. Birth date of deceased January 10, 1947
(Month) (Day) (Year)

Immediate cause of death Bronchopneumonia
Due to Premature Birth
Due to malnutrition

8. AGE: Years _____ Months _____ Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Caruthersville, Mo.
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation _____

11. Industry or business _____

Major findings: Of operations _____
Of autopsy 159
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

12. Name William Harrison

13. Birthplace Steele, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Burnann Porter

15. Birthplace Dyersburg, Tenn.
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

16. (a) Informant William H. Thompson

(a) Accident, suicide, or homicide (specify) _____

(b) Address Caruthersville, Mo.

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof 1/25/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? _____ (City or town) (County) (State)

(c) Place: burial or cremation Morgan Ridge Cem.

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

18. (a) Signature of funeral director H. S. Smith Funeral Home

While at work? _____ (Specify type of place) (e) Means of injury U

(b) Address Caruthersville, Mo.

23. Signature J. R. Union (M. D. or other) _____

19. (a) 1-29-47 (b) Frederic B. Nelks
(Date received local registrar) (Registrar's signature)

Address Caruthersville, Mo. Date signed 1-25-47

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

1-47-34

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.....

.....
Body was not Embalmed, Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.