

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 20 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4696**
Registrar's No. _____

Registration District No. **145**

Primary Registration District No. **5566**

1. PLACE OF DEATH:

(a) County **Iron**
(b) City or town **Rural, Iron**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1 mile south of Graniteville
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1** (Specify whether
In this community **life** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Iron**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **1 mile south of Graniteville**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Matilda Arabella Thompson**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **fem** 5. Color or race **white** 6. (a) Single, widowed, married, divorced, widowed **2 divorced widowed**

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

7. Birth date of deceased **Nov. 20 1851**
(Month) (Day) (Year)

8. AGE: Years **95** Months **2** Days **18** If less than one day
hr. min.

9. Birthplace **Tenn.**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business _____

12. Name **Unknown**

13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. William Womble**

(b) Address **Middlebrook Mo.**

17. (a) **burial** (b) Date thereof **2-9-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Banner Missouri**

18. (a) Signature of funeral director **Norman White & Sons**

(b) Address **Iron ton Mo.**

19. (a) **Feb 12 1947** (b) **Mrs. Elizabeth Logan**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **7**
year **1947** hour **10** minute **45** P.M.

21. I hereby certify that I attended the deceased from **2-1-46**
19 **46** to **Feb 8** 19 **47**

that I last saw her alive on **2-6** 19 **47**
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

arteriosclerosis

Due to _____

Due to **Senility**

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

Major findings: Of operations _____

Of autopsy **97**

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? **0**

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

23. Signature **James W. Hoffmann** (M.D. or other) **M.D.**

Address **Prismarok Mo** Date signed **2-10-47**

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

39

129

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4
District File Number 249-223
Date Filed 2-12-47

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 Rachel J. White
Licensed Embalmer No. 3012
P. O. Address San Antonio, Tex.

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.