

FILED MAY 6 1947

Registration District No. _____

Primary Registration District No. 40.2

Registrar's No. _____

1. PLACE OF DEATH:

(a) County. Atchison Co

(b) City or town. Rock Port Mo
(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 _____ years, months or days)

3. (a) PRINT FULL NAME Anthony Thompson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race white

6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife Celia Thompson

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

7. Birth date of deceased Feb 4 1860
(Month) (Day) (Year)

8. AGE: Years 87 Months 2 Days 16 If less than one day _____ hr _____ min.

9. Birthplace Pittsburg Pa
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business retired

12. Name Opurus Thompson

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

14. Maiden name unknown

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

16. (a) Informant Ruth L. Sutherland

(b) Address Rock Port Mo

17. (a) burial (b) Date thereof 4-23-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Turkies mo

18. (a) Signature of funeral director P. E. Burham

(b) Address Rock Port Mo

19. (a) 4-21-47 (b) Celia Crashee
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Atchison

(c) City or town Rock Port
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20
year 1947 hour 10 minutes 30 A. M.

21. I hereby certify that I attended the deceased from April 10
1947, to April 20 1947;
that I last saw him alive on April 19 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis heart disease with auricular fibrillation & myocardial failure

Due to arteriosclerosis, coronary 15 yrs.

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy none

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? _____

While at work? _____ (Specify type of place)

(a) Means of injury _____

23. Signature Emmett J. [unclear] (M. D. or doctor)

Address Rock Port Mo Date signed 21 April 1947

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

MOTHER FATHER

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.....

C. E. Bertram....., Registered Apprentice No.....
working under my personal supervision.

Signed *C. E. Bertram*.....

Licensed Embalmer No. *1764*.....

P. O. Address *Rock Port 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.