

V. S. No. 2
100M-5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14747

FILED MAY 2 1947
Registration District No. 374

Primary Registration District No. 6064

State File No. _____
Registrar's No. _____

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

93
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1. PLACE OF DEATH:
St. Clair
(a) County
(b) City or town Osceola (Rural)
(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
In this community All of Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME John A. Thompson
3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex Male
5. Color of race White
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Mary Thompson
6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased November 37 1880 (Month) (Day) (Year)

8. AGE 86 Years 2 Months 17 Days If less than one day hr. min.

9. Birthplace Pettis County Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farming

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 K.W. Thompson
(b) Address Osceola Missouri
17. (a) Burial (b) Date thereof 2-16-47 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Horne Cemetery

18. (a) Signature of funeral director F.B. Goodrich
(b) Address Osceola Missouri

19. (a) 2-1-1947 (b) Ruth Severs (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Clair 93
(c) City or town Osceola, (Rural)
(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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February 14 day
year 1947 hour 4:50 P.M. minute M.
21. I hereby certify that I attended the deceased from February 3 1947 to February 14 1947 that I last saw him alive on February 14 1947 and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis
Due to Diabetic Mellitus
Due to _____
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?

While at work? (Specify type of place) (e) Means of injury
23. Signature R. Paul Hill (City or other)
Address Osceola Missouri Date signed 2/16/47

SEP 24 1973

RECEIVED
District Health Officer No. 7,
District File Number 4-47-518
Date Filed 5-1-47

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 J. B. Goodrich

Licensed Embalmer No. 3038

P. O. Address Oscoda, 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.