

FILED JUN 5 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16741

Registration District No. 47

Primary Registration District No. 3005

Registrar's No. 199

1. PLACE OF DEATH:

(a) County Walloway  
(b) City or town Fulton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: State Hospital No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 11 months 27 d.  
In this community same years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Walloway  
(c) City or town Jac. Del. Kennett  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2  
(If rural, give location)  
(e) Citizen of foreign country? NO. (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME LEM. THOMPSON

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

4. Sex M. 5. Color or race C.  
6. (a) Single, widowed, married, divorced M.  
6. (b) Name of husband or wife Ella Thompson 6. (c) Age of husband or wife if alive D.K. years  
7. Birth date of deceased 10 10 1892  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
53 8 17 hr. min.

9. Birthplace Mouhouse Parish, La.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Peter Thompson  
13. Birthplace Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name h.o.  
15. Birthplace h.o.  
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records  
(b) Address Kennett Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3, 1947  
(Month) (Day) (Year)  
(c) Place: burial or cremation Kennett Mo

18. (a) Signature of funeral director: Wm. G. Manpa  
(b) Address 712 Court St. Fulton Mo

19. (a) May 30 - 1947 (b) Joan Monushoff  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 27  
year 1947 hour 3 minute 19 A. M.

21. I hereby certify that I attended the deceased from 5-24-47 1947 to 5-27-47 1947  
that I last saw him alive on 3-26 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Epilepsy  
Due to

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

Major findings: Of operations  
Of autopsy

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 J. B. Baldwin (M.D. or other)  
Address Fulton Mo Date 5/27/47

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

14  
1  
2

RECEIVED  
District Health Officer No. 9,  
District File Number  
JUN 3 1947  
Date Filed

JUN 12 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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Glen J. Maupin  
Licensed Embalmer No. 2725  
P. O. Address Fulton, 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.