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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUN 4 1947

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 268

Primary Registration District No. 5906

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Wardell, Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Wardell, Missouri  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community Lifetime  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78

(c) City or town Wardell, Missouri  
(If outside city or town limits, write "RURAL")

(d) Street No. Wardell, Missouri  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Charles Harvey Thompson

3. (b) If veteran, name war World War #1 3. (c) Social Security No. X

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

6. (b) Name of husband or wife Wife Rada Thompson 6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased October 1891  
(Month) (Day) (Year)

8. AGE:	Years'	Months	Days	If less than one day
	<u>55</u>	<u>7</u>	<u>4</u>	hr. _____ min.

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

10. Usual occupation Grocery Business Owner

11. Industry or business Grocery

MOTHER FATHER

12. Name J. S. Thompson

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Perry Lee Hill

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Rada Thompson

(b) Address Wardell, Missouri

17. (a) Removal (b) Date thereof May 14 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Cemetery

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

(b) Address 808 Ward Ave Caruthersville

19. (a) 23-47 (b) Miss H. Gullett (Date received local registrar) (Registrar's signature) 508

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12  
year 1947 hour 9:30 minute 0 A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death gun shot wound Duration  
in Right Temple

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_ 164C

Of autopsy \_\_\_\_\_

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) Suicide

(b) Date of occurrence 5-12-47

(c) Where did injury occur? Wardell Pemiscot Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
None. (Specify type of place)

While at work no (e) Means of injury \_\_\_\_\_

23. Signature Jack Kelly Crown (M. D. or other) 3  
Address State Mo Date signed 5-20-47

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

6-47-176

JUN 5 1947  
JUN 12 1947

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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.....

*William D. Pike*

Registered Apprentice No. *440*

working under my personal supervision.

Signed.....

*James A. Osburn*

Licensed Embalmer No. *4185*

P. O. Address.....

*Baruchville, Md*

**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.**