S. No. 2
—12-45
. 5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 5 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19903

Registration District No. 360 Primary Registration District No. 3026 Registrar's No. 81

1. PLACE OF DEATH:
(a) County VERNON
(b) City or town NEVADA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: NEVADA-HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 DAYS-HOSP (Specify whether
In this community 50-YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Vernon
(c) City or town Nevada
(If outside city or town limits, write "RURAL")
(d) Street No. 415 N. Oak
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HARVEY-JAMES-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 LIZZIE-THOMPSON
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased OCT (Month) 10 (Day) 1868 (Year)

8. AGE: Years 78 Months 7 Days 10 If less than one day hr. min.

9. Birthplace SYCAMORE-ILL (City, town, or county) (State or foreign country)
10. Usual occupation RETIRED-FIREMAN
11. Industry or business MOPAC RR
MOTHER FATHER
12. Name JOHN-H-THOMPSON
13. Birthplace ARGYLE-NEW-YORK (City, town, or county) (State or foreign country)
14. Maiden name ANNA-S-WING
15. Birthplace COLD-WATER-MICH (City, town, or county) (State or foreign country)
16. (a) Informant MRS-L-R-TURNER
(b) Address SHAWNEE-COLO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 22-47 (Month) (Day) (Year)
(c) Place: burial or cremation NEWTON-BURIAL-PARK
18. (a) Signature of funeral director Terry Funeral Home
(b) Address Nevada, Mo.
19. (a) 5-29-47 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20 year 1947 hour 7:45 minute A M.
21. I hereby certify that I attended the deceased from Early in 1946 to May 20 1947 that I last saw him alive on May 20 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cholecystitis with severe cholangitis — Duration Periodic for past 15 yrs.
Due to Gall bladder irritation
Due to probably from stones
Other conditions
(Include pregnancy within 3 months of death)

Major findings: Was operated 15 yrs ago
Of operations closed with diagnosis of cancer of liver & gall bladder
Of autopsy Has had above periodic attacks ever since.

PHYSICIAN — Underline 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature N B Love MD (M. D. or other)
Address Nevada, Mo. Date signed May 27 1947

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 5-42-66
Date Filed 6-3-42
JUN 11 1942

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 P B Fenny

Licensed Embalmer No. 1760

P. O. Address Nevada 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.