No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 23 1947

Registration District No. 42

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20181

Primary Registration District No. 1000

Registrar's No. 764

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Meth. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 da
(Specify whether
In this community 6 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County DeKalb 32
(c) City or town Amity 0
(If outside city or town limits, write "RURAL")
(d) Street No. ---- 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ida E. Thompson
3. (b) If veteran, name war ----
3. (c) Social Security No. ----

4. Sex F | 5. Color or race W | 6. (a) ~~Single~~, ~~widowed~~, married, ~~divorced~~ M

6. (b) Name of husband or wife ROBERT THOMPSON
6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased MARCH - 9 - 1872
(Month) (Day) (Year)

8. AGE: Years 75 | Months 3 | Days 6 | If less than one day ____ hr. ____ min.

9. Birthplace ILLINOIS (City, town, or county) I (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business ----

MOTHER FATHER
12. Name THOMAS KELEHER
13. Birthplace ---------- (City, town, or county) IRELAND (State or foreign country)
14. Maiden name CHRISTINE OLSON
15. Birthplace ---------- (City, town, or county) SWEDEN (State or foreign country)

16. (a) Informant Edgar Thompson
(b) Address AMITY MO

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 6-15-47 (Month) (Day) (Year)
(c) Place: burial or cremation AMITY, MO.

18. (a) Signature of funeral director FLETCHER FUNERAL HOME
(b) Address MAYSVILLE MO

19. (a) June 20, 1947 (Date received local registrar) (b) E. E. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15
year 1947 hour 2 minute A.M.

21. I hereby certify that I attended the deceased from June 9, 1947 to June 15, 1947 that I last saw her alive on June 14 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive Heart failure	12 hr.
Due to: Chronic myocarditis	
Due to: Hypertensive heart disease Chr.	
Other conditions (Include pregnancy within 3 months of death): Acute Anuria - Chronic Nephritis (yrs)	48

Major findings: Of operations Catheterization Specimen
Of autopsy Not done

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

23. Signature H. S. Conrad (M. D. ~~or other~~)
Address St Joseph Mo Date signed 6-16-47

(Licensed Embalmer's Statement on Reverse Side)

AUG 22 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body ~~whose~~ shall be name is recorded on the reverse side of this certificate ~~was~~ embalmed by me, or by.....

Vera Gilcher & Neal Dawson, Registered Apprentice No. 483 + 484

working under my personal supervision.

Signed V. L. Gilcher

Licensed Embalmer No. 3960

P. O. Address Maysville, Ind

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.