

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 14 1947

Registration District No. **132**

Primary Registration District No. **3021**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Greene Co.**

(b) City or town **Wentz MO.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **Wright Hospital 0**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 day**
(Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Wauver 31**

(c) City or town **Jamesport MO Rural 0**
(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 _____

3. (a) PRINT FULL NAME **MARILYN GAYLE THOMPSON**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **15th**
year **1947** hour **2⁰⁰** minute **15** M.

21. I hereby certify that I attended the deceased from **June 15th**
1947 to **June 15th**, 19**47**.

that I last saw her alive on **June 15th**, 19**47**
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**

6. (a) Single widowed married
divorced

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: **June 14 1947**
(Month) (Day) (Year)

Immediate cause of death: **Prematurity 7 months**
Abruption Placenta

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE:	Years	Months	Days	If less than one day
			1	hr. _____ min. 0

9. Birthplace **Wentz MO.**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name **Paul Thompson 0**

13. Birthplace **Wentz MO Rural 0**
(City, town, or county) (State or foreign country)

14. Maiden name **Martha Elynn 0**

15. Birthplace **Jameson MO 0**
(City, town, or county) (State or foreign country)

Major findings: **159**

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **Paul Thompson 0**

(b) Address **Jamesport MO Rural 0**

17. (a) **burial** (b) Date thereof **June 16 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Casket in cove #1**

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? _____

18. (a) Signature of funeral director **W. O. Haines**

(b) Address **Gilman City MO**

19. (a) **6-15-47** (b) **Dreke Law**
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place) (c) Means of injury _____

23. Signature **Chris Duffy** (M. P. number) **2nd 0**

Address **Jamesport MO** Date **June 16th**

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

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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.....

Licensed Embalmer No.....

P. O. Address.....

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.