S. No. 2
M—2-43
. 5-17-39
I X25697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1947

Registration District No. 279

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5951

State File No. 25038

Registrar's No. 28

1. PLACE OF DEATH:
(a) County: PIKE
(b) City or town: RURAL (INDIAN-TOWNSHIP)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: MIDDLETOWN-MO R.F.D. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 45 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: 82
(c) City or town: RURAL (INDIAN-TOWNSHIP)
(If outside city or town limits, write "RURAL")
(d) Street No.: MIDDLETOWN-MO. 0
(If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: CASSIE-THOMPSON.
3. (b) If veteran, name war: —
3. (c) Social Security No. NONE.
4. Sex: FEMALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: WIDOWED
6. (b) Name of husband or wife: CHARLES RICHARD-THOMPSON
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: FEB. 1 1866 (Month) (Day) (Year)

8. AGE: Years 81 Months 4 Days 13 If less than one day — hr. — min.

9. Birthplace: PIKE, CO. MO 0 (City, town, or county) (State or foreign country)
10. Usual occupation: HOUSEWIFE.
11. Industry or business: HOME.
MOTHER FATHER
12. Name: BURWELL-HARGOOD.
13. Birthplace: PIKE, CO MO. 0 (City, town, or county) (State or foreign country)
14. Maiden name: MARY-PARSONS.
15. Birthplace: PIKE-CO. MO. 0 (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Emmett Atkinson
(b) Address: MIDDLETOWN-MO.
17. (a) BURIAL. (Burial, cremation, or removal) (b) Date thereof 6-19-47 (Month) (Day) (Year)
(c) Place: burial or cremation: ANTIOCH-CEMETERY
18. (a) Signature of funeral director: GLEN-E-SMITH.
(b) Address: VANDALIA-MO.
19. (a) June 19 1947 (Date received local registrar) (b) Bill Robinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 14th year 1947 hour 10:45 minute A. M.
21. I hereby certify that I attended the deceased from Oct. 6th, 1946, to June 14th, 1947; that I last saw her alive on Dec. 12th, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Sclerosis
Due to: Myocarditis
Due to:
Other conditions (Include pregnancy within 3 months of death): Prostatectomy for neck
Major findings: B. Cancer
Of operations:
Of autopsy:

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

Duration

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: 0
23. Signature: A. Leach (M. D. or other)
Address: Middletown, Mo Date signed 6-26-

M. F. R.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 1-47-887
Date Filed JUL 15 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 Ernest Wilson, Registered Apprentice No. 490 working under my personal supervision.

Signed Clyde Q. Wilkey

Licensed Embalmer No. 3820

P. O. Address Pemiscot 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.