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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 30 1947

Registration District No. 59

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30671

Primary Registration District No. 4099

Registrar's No. 144

1. PLACE OF DEATH:
(a) County Cass
(b) City or town Pleasant Hill
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution
In this community 9 months (Specify whether years, months or days)

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

3. (a) PRINT FULL NAME William R. THOMPSON
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced W widowed
6. (b) Name of husband or wife Maria Thompson
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 27 (Day) 1857 (Year)

8. AGE: Years 90 Months 1 Days 22 If less than one day hr. min.

9. Birthplace Not Known (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Retired
MOTHER FATHER
12. Name Joe Thompson
13. Birthplace Not Known (City, town, or county) (State or foreign country)
14. Maiden name Martha James
15. Birthplace Not Known (City, town, or county) (State or foreign country)
16. (a) Informant [illegible]
(b) Address Pleasant Hill
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-21-47 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Hill Mo
18. (a) Signature of funeral director [illegible]
(b) Address Pleasant Hill Mo
19. (a) Sept. 22-1947 (Date received local registrar) (b) Laura J. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 19 year 1947 hour 8 minute 45 P.M.
21. I hereby certify that I attended the deceased from Sept 11 1947 to Sept 19 1947 that I last saw him alive on Sept 19 1947 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Acute Atrio-ventricular Fibrillation
Due to Myocarditis - Arteriosclerosis
Due to Senility
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
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)
(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 J. L. Hancock (M. D. or other) DO
Address Pleasant Hill Mo Date signed 9-20-47

(Licensed Embalmer's Statement on Reverse Side)

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. 3238

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
3-45
I-X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. ack

Registration District No. 59 Primary Registration District No. 4099 Registrar's No. 144

1. PLACE OF DEATH:

(a) County cass

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

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

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County cass

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

(d) Street No. ✓ ✓
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Wm R. Thompson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Wed

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 27 (Day) 1858 (Year)

8. AGE: Years 90 Months 6 Days 2 If less than one day hr. min.

9. Birthplace (City, town, or county) N.K. (State or foreign country)

10. Usual occupation Farmer. "Retired"

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) 10-8-47 (Date received local registrar) (b) Laura J. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day year hour minute 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.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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)
(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 (M. D. or other)
Address Date signed

SUPPLEMENTARY

S-30671