

FILED SEP 16 1947

Registration District No. 251

Primary Registration District No. 9048

Registrar's No. 197

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Maryville, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 weeks (Specify whether
In this community 54 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74
(c) City or town Maryville 1
(If outside city or town limits, write "RURAL")
(d) Street No. 314 East Cooper 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT NOAH BART THOMPSON

FULL NAME
3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Agnes Belle 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased January 2, 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 7 29 - hr. - - min.

9. Birthplace Barnard Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Barber

11. Industry or business None

MOTHER FATHER
12. Name John B. Thompson 9
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Graves
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mary A. Thompson
(b) Address Maryville, Missouri

17. (a) Burial (b) Date thereof 9-4-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Cemetery

18. (a) Signature of funeral director Peter Funeral Home
(b) Address 120 East 1st, Maryville, Mo.

19. (a) Sept 4, 1947 (b) Bess Holt
(Date received local registrar) (Registrar's signature) 229

20. DATE OF DEATH: Month Sept. day 1,
year 1947 hour 11 minute 00 P.M.

21. I hereby certify that I attended the deceased from August 15, 1947 to Sept 1, 1947
(that I last saw him alive on Sept 1, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia Duration 5 days
Due to
Due to

Other conditions Cerebral thrombosis 7 Mo
(Include pregnancy within 3 months of death) Blindness

Major findings: Of operations Of autopsy 108
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? 0

While at work? (Specify type of place) (e) Means of injury 0

23. Signature J. R. Bauman M.D. (M. D. or R.N.)
Address 761 S. Main Maryville Date signed 9/2/47

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

SEP 19 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Clum M. Pisci

Licensed Embalmer No. 1822

P. O. Address Mayville 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.