

S. No. 2  
M-8-43  
7-5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36731**

FILED OCT 17 1947

Registrar's No. **56**

Registration District No. **379**

Primary Registration District No. **4468**

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

1. PLACE OF DEATH:

(a) County ST. GENEVIEVE

(b) City or town ST. MARY  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community LIFE years, months or days

2. USUAL RESIDENCE OF DECEASED: **95**

(a) State MISSOURI (b) County ST. GENEVIEVE

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME HOWARD R THOMPSON

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 30 year 1947 hour 9 minute 30 A. M.

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife LEONA WINSTON

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased NOV 14 1900  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from JUNE 7 1945 to Sept. 30 1947

that I last saw him alive on Sept. 29 1947 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>10</u>	<u>16</u>	hr. _____ min. _____

Immediate cause of death Myocarditis Subacute

Duration 2 yrs

9. Birthplace ST. MARYS (City, town, or county) MO (State or foreign country)

10. Usual occupation RETIRED TAVERN OWNER

11. Industry or business \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Diabetes Mellitus - 3 yrs  
(Include pregnancy within 3 months of death)

MOTHER FATHER {

12. Name PERRY D. THOMPSON

13. Birthplace PERRY CO (City, town, or county) MO (State or foreign country)

14. Maiden name MARY MC CLURE

15. Birthplace WEST VIRGINIA (City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_

Of autopsy Ud

Underline the cause to which death should be charged statistically.

16. (a) Informant Leona Thompson

(b) Address St. Marys Mo

17. (a) BURIAL (Burial, cremation, or removal)

(b) Date thereof OCT 2 1947 (Month) (Day) (Year)

(c) Place: burial or cremation ST. MARYS MO

18. (a) Signature of funeral director Geo. C. Beebe

(b) Address St. Genevieve Mo

19. (a) Oct 3 1947 (Date received local registrar)

(b) Theresa M. Karl (Registrar's signature) 3:50

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Arthur S. Swauer (M. D. or other) MD

Address St. Genevieve Mo Date signed 10-2-47

RECEIVED

Health Officer No. 4  
File Number 1047-1320  
Date Filed 10-15-47

SEP 30 1953

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 Geo. C. Basler

Licensed Embalmer No. 1985

P. O. Address St. Genevieve, 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.