

No. 2
12-45
17-39
X47070

FILED NOV 25 1947

State File No. _____

Registration District No. 1

Primary Registration District No. 4200

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Ash Grove Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
None
(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 Missouri (b) County Greene ³⁹

(c) City or town Ash Grove Mo ¹
(If outside city or town limits, write "RURAL.")

(d) Street No. _____ (If rural, give location) ⁰

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

If yes, name country _____ ⁰

3. (a) PRINT FULL NAME Malinda Joe Thompson

3. (b) If veteran, name war NIL

3. (c) Social Security No. NIL

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19
year 1947 hour _____ minute 10 A.M.

21. I hereby certify that I attended the deceased from June _____, 1946, to Nov. 19, 1947
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, widowed

6. (b) Name of husband or wife W.E. Thompson

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

7. Birth date of deceased: Dec. 3, 1878
(Month) (Day) (Year)

Immediate cause of death: apoplexy

Due to Chronic Valvular Heart Disease ^{10 years}

Due to _____

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|-----------|----------------------|
| | <u>68</u> | <u>11</u> | <u>16</u> | hr. min. |

Other conditions: High Blood pressure ^{several years}

(Include pregnancy within 6 months of death)

Major findings:
Of operations _____

Of autopsy 9/13/47

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? _____

While at work _____ (Specify type of place)

(e) Means of injury _____

23. Signature Dr. Charles F. Hill (M. D. or other) ⁰

Address Ash Grove, Mo. Date signed 11/19/47

MOTHER FATHER

9. Birthplace Prek County Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own housekeeper

12. Name Napoleon BRINES

13. Birthplace Missouri (City, town, or county) (State or foreign country)

14. Maiden name Lucretia Pike

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

16. (a) Informant Mr. Walter Shannon
(b) Address Seymour, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 21-1947 (Month) (Day) (Year)

(c) Place: burial or cremation Ash Grove Mo

18. (a) Signature of funeral director Gene A. Barron
(b) Address Walnut Grove Mo

19. (a) Nov. 19-1947 (Date received local registrar) (b) Orevedy Wilson (Registrar's signature) ^{10/11}

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

RECEIVED

Greene County Health Office,

County File Number 47-11-88

Date Filed 11-24-47

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.....

Rex Miller....., Registered Apprentice No. 459
working under my personal supervision.

Signed Bernard F. Wright

Licensed Embalmer No. 4293

P. O. Address Ash Grove, 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.