

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38849**

FILED DEC 15 1947

Registration District No. **182**

Primary Registration District No. **5681**

Registrar's No. **25**

1. PLACE OF DEATH:

(a) County **Linn**
(b) City or town **Grantsville Twp.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
10 mi. NE of Brookfield
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... (Specify whether
in this community **5 years** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Linn**
(c) City or town **Brookfield, RFD 3**
(If outside city or town limits, write "RURAL")
(d) Street No. **10 mi. NE**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Floyd Leon Thompson**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **No**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**

6. (b) Name of husband or wife **Dorothy Matchett** 6. (c) Age of husband or wife if alive **27** years

7. Birth date of deceased **June 13, 1911**
(Month) (Day) (Year)

8. AGE: Years **36** Months **5** Days **17** If less than one day hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business

12. Name **Pete Thompson**

13. Birthplace **Greene Co., Illinois**
(City, town, or county) (State or foreign country)

14. Maiden name **Blanche Riddle**

15. Birthplace **Linn Co., Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Floyd Thompson**

(b) Address **Brookfield, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Dec. 2, 1947**
(Month) (Day) (Year)
(c) Place: burial or cremation **Rose Hill Cemetery**

18. (a) Signature of funeral director **Harold B. Wright**

(b) Address **Brookfield, Mo.**

19. **Dec. 6, 1947** (Date received local registrar) (b) **Mrs. Budie Kelley** (Registrar's signature) **11-51**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **30**
year **1947** hour **2** minute **30** a. m.

21. I hereby certify that I attended the deceased from **Feb -** 19**47**, to **Nov 30** 19**47**
that I last saw him alive on **NOV 27** 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Serous carcinoma of testicle
- metastatic to lymph. skin** Duration **one yr.**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: **Testicle removed Feb 1947
with finding serous carcinoma**
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?

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

23. Signature **John R. Dyer** (M. D. or other) **Med.**

Address **Brookfield Mo** Date signed **12-1-47**

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

58
0
0

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

Harold B. Wright

Licensed Embalmer No. 3718

P. O. Address Brookfield, 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.