S. No. 2
DM—2-43
v. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 25 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40752

Registration District No. 324 Primary Registration District No. 4547 Registrar's No. 68

1. PLACE OF DEATH:
(a) County Worth
(b) City or town Grant City
(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 years, months or days) In this community 5 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Worth 113
(c) City or town Grant City, R 1
(If outside city or town limits, write "RURAL")
(d) Street No. 4
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME David William Thompson
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Maggie
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased July (Month) 24 (Day) 1871 (Year)

8. AGE: Years 76 | Months 3 | Days 2 | If less than one day hr. min.

9. Birthplace Hatfield (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farmer (retired)
11. Industry or business

MOTHER FATHER
12. Name John Thompson
13. Birthplace unknown (City, town, or county) Indiana (State or foreign country)
MOTHER
14. Maiden name Comfort Pitman
15. Birthplace unknown (City, town, or county) Indiana (State or foreign country)

16. (a) Informant John Thompson
(b) Address Hatfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 28, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Kirk Cemetery
18. (a) Signature of funeral director Arch C. Dunlee
(b) Address Grant City, Mo.
19. (a) Nov 13-1947 (Date received local registrar) (b) Lotus E. Dawson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 26
year 1947 hour 5 minute 30 A M.
21. I hereby certify that I attended the deceased from December 1946 to Oct 1947 that I last saw h... alive on 26 Oct 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerotic Cardiovascular Disease	6 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy G.P.D.	

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 0

23. Signature Frank B Mathews M.D. (M. D. or other)
Address Grant City Mo. Date signed Oct 28 1947

(Licensed Embalmer's Statement on Reverse Side)

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 Jack C. Dunlee

Licensed Embalmer No. 3252

P. O. Address.....

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.