

3. No. 2  
-12-45  
5-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41555

State File No. \_\_\_\_\_

FILED DEC 30 1947  
Registration District No. 4

Primary Registration District No. 4233

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Iron

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

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

(d) Length of stay: In hospital or institution 2 years (Specify whether years, months or days)

In this community 2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron

(c) City or town Arcadia  
(If outside city or town limits, write "RURAL")

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

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

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

3. (a) PRINT NAME Nicie Katherine Thompson

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8 year 1947 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 8 to Jan 9 1947 that I last saw her alive on 12-8 and that death occurred on the date and hour stated above.

4. Sex fem 5. Color or race white

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

6. (b) Name of husband or wife Charles Thompson

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

7. Birth date of deceased March 29 1869  
(Month) (Day) (Year)

Immediate cause of death Hypertensive lobes

Due to pneumonia

Due to arteriosclerosis

Other conditions none  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

78	8	9	hr. min.
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9. Birthplace Belleview Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation retired

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

12. Name Dabney Jackson Shelton

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

14. Maiden name Martha Neeley  
(City, town, or county) (State or foreign country)

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

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

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Lee Denton

(b) Address Arcadia Missouri

17. (a) burial (b) Date thereof 12-10-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ironton Mo.

18. (a) Signature of funeral director White Funeral Home

(b) Address Ironton Mo.

19. (a) 12-26-47 (b) W. J. White  
(Date received local registrar) (Registrar's signature)

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 \_\_\_\_\_

23. Signature W. J. White (M. D. or other) MD

Address Ironton Mo Date signed 12-9-47

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

MOTHER FATHER

RECEIVED

Health Officer No. 4

Number 1247-162

12-29-4

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**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 Archie White

Licensed Embalmer No. 8012

P. O. Address London Miss.

**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.**