

S. No. 2
M-1/47
v. 5-17-39

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED FEB 6 1948
Registration District No. 120

UNITED STATES OF AMERICA
STANDARD CERTIFICATE OF DEATH

State File No. 821
Registrar's No. 95
Primary Registration District No. 2000

39
2
6

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

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1101 - Sherman
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 1101 - Sherman
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CHARLEY THOMPSON
3. (b) If veteran, name war none
3. (c) Social Security No. ?

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 30
year 1948 hour 7 minute 45 P. M.

4. Sex Male 5. Color or race Negro
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased (unknown) 1884
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12/22, 1947, to 1/30, 1948
that I last saw him alive on 1/30, 1948
and that death occurred on the date and hour stated above.
Duration _____

8. AGE: Years 64 Months 7 Days 3
If less than one day _____ hr. _____ min.

Immediate cause of death Heart failure
Chronic myocarditis
Chronic Nephritis
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

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

MOTHER {
FATHER {
10. Usual occupation contractor
11. Industry or business _____
12. Name Jack Thompson
13. Birthplace (unknown) Texas
(City, town, or county) (State or foreign country)
14. Maiden name Sherena Berry
15. Birthplace Springfield Mo
(City, town, or county) (State or foreign country)
16. (a) Informant Mr. J. A. Thompson
(b) Address 710 - Washington
17. (a) Burial (b) Date thereof 2-3-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Haglerwood
18. (a) Signature of funeral director W. V. Smith
(b) Address 602 - N. Jefferson
19. (a) 2-2-48 (b) W. E. Hedley
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____
Of autopsy 131 B
PHYSICIAN _____
Underline the cause of 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 A. M. Shuman (M. D. county) _____
Address 324 Rauden B Date signed 2/2/48

APR 3 1961

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 Herbert Y Smith

Licensed Embalmer No. 4286

P. O. Address Springfield

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.