

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5821

FILED FEB 24 1948

Registration District No. 298

Primary Registration District No. 5986

Registrar's No. 13

1. PLACE OF DEATH:
 (a) County... Pulaski
 (b) City or town... ~~Springer~~ Rural Tavern Twp.
 (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... 50 years
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State... Missouri (b) County... Pulaski 85
 (c) City or town... Rural Tavern Twp.
 (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 FULL NAME... Ruah Nevada Thompson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex... F / 5. Color or race... W 6. (a) Single, widowed, married, divorced... Married

6. (b) Name of husband or wife... Chas. P. Thompson 6. (c) Age of husband or wife if alive... 76 years

7. Birth date of deceased... July 18 1867
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
 80 6 18 hr. min.

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

10. Usual occupation... Housewife

11. Industry or business _____

12. Name... John M. Shelton 9

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

14. Maiden name... Martha Carroll 9

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

16. (a) Informant... C. P. Thompson (b) Address... Hawkeye, Mo.

17. (a) Burial (b) Date thereof... 2-8-49
 (Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director... J.L. Hoops & Sons (b) Address... Crocker, Mo.

19. (a) Feb. 14 1948 (b) Thelma C. Buckhagen
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... Feb. day... 6 year... 1948 hour... 6:55 minute... A M.

21. I hereby certify that I attended the deceased from Jan 1946 to Feb 6 1948 and that death occurred on the date and hour stated above.

Immediate cause of death... Arteriosclerosis Heart Disease

Due to _____

Due to _____

Other conditions... (Include pregnancy within 3 months of death)

Major findings: Of operations... Of autopsy... A.M.D.

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... Date signed... 2/14/48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 Paul B. Hooper

Licensed Embalmer No. 3261

P. O. Address Spencer, 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.