

FILED FEB 24 1948

Registration District No. 538

Primary Registration District No. 6181

Registrar's No. _____

1. PLACE OF DEATH
Taney
(a) County
(b) City or town Rural- Ocie (Beaver)
(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 20 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Taney 106
(c) City or town Ocie; rural
(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 Fredrick Patrick Thompson
3. (b) If veteran, name war -- 3. (c) Social Security No. --

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 3
year 1948 hour 6 minute 20 AM
21. I hereby certify that I attended the deceased from January 20, 1948 to Feb 3, 1948
that I last saw him alive on Feb 3, 1948
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Mary Thompson
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased May 19 1865
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis and Valvular heart disease with edema
Duration 5 yr

8. AGE: Years 82 Months 8 Days 14
If less than one day hr. min.

Due to
Due to
Other conditions Urinary retention due to prostatic hypertrophy
(Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy 93P

9. Birthplace Fort Wayne Indiana
(City, town, or county) (State or foreign country)
10. Usual occupation Carpenter

PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business
12. Name Newt Thompson
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace

16. (a) Informant Mary Thompson
(b) Address Ocie, Mo.
17. (a) Burial (b) Date thereof 2-6-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Wolf Cemetery

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

18. (a) Signature of funeral director Clunkingband Fun. Home
(b) Address Gainesville, Missouri
19. (a) 2/2/48 (b) William Cogswell
(Date received local registrar) (Registrar's signature)

23. Signature M J Sherman (M. D. or other) DD
Address Gainesville, Mo Date signed 2/2/48

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

06
00

MOTHER FATHER

RECEIVED

District Health Officer No. 3,

District File Number 248-261

Date Filed 2-21-48

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 W.B. Hutchison

Licensed Embalmer No. 3431

P. O. Address Gaithersville Md

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.