

FILED JUL 15 1948
Registration District No. 227

Primary Registration District No. 4353

Registrar's No. 10

1. PLACE OF DEATH:

(a) County New Madrid

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

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether all 30 years)

In this community all 30 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County New Madrid

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Altie Thompson

3. (b) If veteran, no name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race w

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 1 1874
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>8</u>	<u>29</u>	hr. min.

9. Birthplace Waverly Ind
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business none

12. Name Calvary Coy

13. Birthplace New Harmony Ind
(City, town, or county) (State or foreign country)

14. Maiden name Esther A. Patton

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

16. (a) Informant Mrs. Louise French

(b) Address Hidson mo

17. (a) Burial (b) Date thereof 7-2-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial park

18. (a) Signature of funeral director Joe B. Howell

(b) Address Cape Gir mo

19. (a) July 5 1948 (b) Dora Byers Slays
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 30
year 1948 hour 6 minute a. M.

21. I hereby certify that I attended the deceased from 2-2-47
to 6-30 1948
that I last saw her alive on 6-29-48 1948
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial Failure

Due to chronic Valvular Heart Disease

Due to arteriosclerotic Hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 9210

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? _____ (c) Means of injury 0

23. Signature Jos. Hopkins (M. D. or other)

Address Hidson, mo Date signed 6-30-48

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER BATHEN

JUL 26 1946

RECEIVED

District Health Office No. 2

District File Number 748-87

Date Filed 7-13-46

APR 20 1953

XPT

[Faint handwritten notes and signatures]

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. H. Estes*

Licensed Embalmer No. 3568

P. O. Address *Cape Girardeau*

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.