

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21862
Registrar's No. 3026

Registration District No. 61033 26 Primary Registration District No. 6109

1. PLACE OF DEATH:
(a) County Scotts
(b) City or town Arbela
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community Entire life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Scotts
(c) City or town Arbela (If outside city or town limits, write "RURAL") 99
(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 Martha Thompson
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 17
year 1948 hour 6 minute 15 P.M.
21. I hereby certify that I attended the deceased from March 22 1948 to June 17 1948
that I last saw her alive on June 17 1948
and that death occurred on the date and hour stated above.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Isaac H. Thompson
6. (c) Age of husband or wife if alive 24 years
7. Birth date of deceased: Feb 24 1867
(Month) (Day) (Year)

Immediate cause of death Carcinoma of the stomach
Duration 6 mos.

8. AGE: Years 81 Months 3 Days 24
If less than one day hr. _____ min. _____

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

10. Usual occupation House wife

11. Industry or business _____

12. Name Kerry Flick

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

14. Maiden name Marjorie Ballman

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

16. (a) Informant Clyde Thompson

(b) Address Arbela Mo

17. (a) Burial (b) Date thereof June 20 - 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Prairie View

18. (a) Signature of funeral director Yuth Barker

(b) Address Memphis Mo

19. (a) 6/25/48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

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

Major findings: HO
Of operations _____

Of autopsy _____

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 [Signature]

23. Signature E. E. Symmonds (M. D. or other) DC

Address Memphis Mo Date signed June 24-48

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

MOTHER FATHER

F 3.5

RECEIVED

District Health Officer No. 1

District File Number 6-48-11

Date Filed JUN 26 1944

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 Fred Gerth

Licensed Embalmer No. 4256

P. O. Address Memphis

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.