

Registration District No. 391

Primary Registration District No. 6153

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town rural Pipe
(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
50 years (Specify whether years, months or days)
In this community

3. (a) PRINT FULL NAME WILLIAM CLAY THOMPSON

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Allie Taylor Thompson 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Aug. 31, 1877
(Month) (Day) (Year)

8. AGE: Years 70 Months 10 Days 8 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Hugh Thompson
13. Birthplace Kentucky
14. Maiden name not known
15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant Allie Thompson

(b) Address Advance, Missouri

17. (a) Burial (b) Date thereof July 11, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill Cem.

18. (a) Signature of funeral director Clayton S. Norton

(b) Address Advance, Missouri

19. (a) 7-24-48 (b) Benjamin Moore
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard
(c) City or town rural
(If outside city or town limits, write "RURAL")
(d) Street No. Pearl Advance, Missouri
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9
year 1948 hour 17 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 9, 1948 to July 9, 1948
that I last saw him alive on July 9, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Due to Chronic myocarditis

Due to
Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 93 P
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 2

23. Signature E. C. Masters (M. D. or other) So.
Address Advance, Mo. Date signed 7-14-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Office No. 2
District File Number 848-98
Date Filed 8-5-48

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
William A Morgan, Registered Apprentice No. 208
working under my personal supervision.

Signed Lloyd S Morgan
Licensed Embalmer No. 3361
P. O. Address Advance, 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.