

FILED SEP 13 1948

Registration District No. **184**

Primary Registration District No. **3038**

Registrar's No. **74**

1. PLACE OF DEATH:

(a) County Linn
 (b) City or town Brookfield
 (If outside city or town limits write "RURAL" and name of township)
 (c) Name of hospital or institution: McKarney Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 days
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME ELIZABETH THOMPSON

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

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Thomas Thompson 6. (c) Age of husband or wife if alive — years
 7. Birth date of deceased MAY 19 1862
 (Month) (Day) (Year)

8. AGE: Years 86 Months 3 Days 12 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business "

MOTHER FATHER { 12. Name James Fletcher
 13. Birthplace England
 (City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Talin
 15. Birthplace England
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Irene Shumaker

(b) Address Macon, Mo.

17. (a) Rural (b) Date thereof Sept. 2, 1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Cambria Cemetery

18. (a) Signature of funeral director H. P. Gilleland

(b) Address New Cambria, Mo.

19. (a) 9-5-48 (b) Walter Bliven
 (Date received local registrar) (Registrar's signature) 11.7

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon
 (c) City or town New Cambria Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4 1/2 miles S.W. of New Cambria
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 31 day August
 year 1948 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from August 24, 1948, to Aug 30, 1948;
 that I last saw her alive on Aug 30, 1948;
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebratory collapse

Due to Generalized arteriosclerosis

Due to Senility

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

Major findings: 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?
 (Specify type of place) While at work? — (e) Means of injury —

23. Signature Kepler Robusnik (M. D. or other)
 Address Brookfield Mo. Date signed 8/31/48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A COPY

APR 10 1961

JAN 10 1956

DEPARTMENT OF HEALTH OFFICE
Cameron, Mo.

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 _____

H. J. Gilleland

Licensed Embalmer No. 4019

P. O. Address. New Cambria, 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.