FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 14 1948

Registration District No. 367

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5905

State File No. 21504

Registrar's No. 78

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

2. USUAL RESIDENCE OF DECEASED:
(a) State: MO (b) County: PEMISCOTT
(c) City or town: PORTAGEVILLE & RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 78
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) No
If yes, name country .....

3. (a) PRINT FULL NAME: FLOYD THOMPSON
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex: MALE
5. Color or race: BLACK
6. (a) Single, widowed, married, divorced: SINGLE
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: DONT KNOW (Month) (Day) (Year)

8. AGE: Years: about 56 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace: DONT KNOW (City, town, or county) (State or foreign country)
10. Usual occupation: LABORER
11. Industry or business .....

MOTHER FATHER
12. Name: DONT KNOW
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name: DONT KNOW
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant: VIOLA KIRBY
(b) Address: PORTAGEVILLE, MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-30-48 (Month) (Day) (Year)
(c) Place: burial or cremation PORTAGEVILLE MO
18. (a) Signature of funeral director: DELISLE FUNERAL PARLOR
(b) Address: PORTAGEVILLE MO
19. (a) 9-9-48 (Date received local registrar) (b) John W. German (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug day: 29 year: 1948 hour: 11 minute: 50 P. M.

21. I hereby certify that I attended the deceased from 8-26, 1948, to 8-26, 1948, that I last saw him alive on 8-26, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Insufficiency	
Due to: hypertensive cardiovascular renal disease.	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: None performed	
Of autopsy: None performed	

PHYSICIAN: Underline the cause of which death should be charged statistically.

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: Park C. Mullen (M. D. or other) M.D.
Address: Box 56 Portageville Mo. Date signed 9-2-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

9-48-263

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 .....
Not Embalmed ....., Registered Apprentice No. .....,
working under my personal supervision.

Signed .....

Licensed Embalmer No. .....

P. O. Address .....

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.