

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 13 1948

Registration District No. 217

Primary Registration District No. 5-785-

Registrar's No. 91

67
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Scott Mississippi
(b) City or town R#3, Sikeston - 9 mi. S. E.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
9 mi. S. E. of Sikeston, Angel Thompson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community All of life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi 17
(c) City or town Bertrand
(If outside city or town limits, write "RURAL")
(d) Street No. None
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Charles Edmund Thompson

3. (b) If veteran, name war

Not known

3. (c) Social Security No.

Not known

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 20th
year 1948 hour 8:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from 15 Sept 48
_____, 1948, to death, 1948.
that I last saw him alive on 18 Sept 48, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Hemorrhage

Due to Arrhythmia fibrillation
Due to Senile Sclerosis Heart

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

Major findings:
Of operations _____
Of autopsy _____

Duration
Physician
Underline the cause to which death should be charged statistically.

4. Sex

Male

5. Color or race White

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

6. (b) Name of husband or wife Lillie Savannah Patrick, Dec'd.

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

7. Birth date of deceased December 24, 1876

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

71

8

26

hr.

min.

9. Birthplace Mississippi Co., Missouri

(City, town, or county)

(State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business None

12. Name William E. Thompson

13. Birthplace Graves Co., Kentucky

(City, town, or county)

(State or foreign country)

14. Maiden name Enoma Elizabeth Mason

15. Birthplace Stoddard Co., Missouri

(City, town, or county)

(State or foreign country)

16. (a) Informant Dewey Thompson

(b) Address R#2, Matthews, Missouri.

17. (a) Burial (b) Date thereof 9-22-1948

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem., Charleston MO

18. (a) Signature of funeral director [Signature]

(b) Address Charleston, Missouri.

19. (a) 10-4-48 (b) Miss. John Bindigant

(Date received local registrar)

(Registrar's signature) 1948

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 _____

23. Signature [Signature] (M. D. or other) _____
Address Charleston MO Date signed 22-10-48

RECEIVED

District Health Office No. 2,

District File Number 948-1233

Date Filed 9-28-48

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed John F. Nunnelle Jr
Licensed Embalmer No. 3851
P. O. Address Charleston, 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.