S. No. 2
—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 6 1948

Registration District No. 2

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32357

Primary Registration District No. 3014

Registrar's No. 88

42/1

1. PLACE OF DEATH:
(a) County: Clay
(b) City or town: Liberty
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 526 N Water St
(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): 1 year
In this community: 1 year

2. USUAL RESIDENCE OF DECEASED:
(a) State: Iowa (b) County: Shelby 999
(c) City or town: Dunlap
(If outside city or town limits, write "RURAL")
(d) Street No.: RR # II 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: No

3. (a) PRINT FULL NAME: Eliza Ellen Thompson
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Peter Thompson
6. (c) Age of husband or wife if alive: 79 years
7. Birth date of deceased: March (Month) 3 (Day) 1871 (Year)

8. AGE: Years 77 | Months 7 | Days 8 | If less than one day ... hr. ... min.
9. Birthplace: Ogden (City, town, or county) Utah (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: At home
FATHER
12. Name: George Greenwood
13. Birthplace: England (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Unknown
15. Birthplace: England (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Foster Hulse
(b) Address: Liberty, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 10/12/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Dunlap Iowa
18. (a) Signature of funeral director: O J Carden Jr
(b) Address: Liberty, Mo
19. (a) Oct. 11. 1948 (Date received local registrar) (b) Marguerite Haynes (Registrar's signature) 64

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Oct day: 11 year: 1948 hour: 12 minute: 30 M.
21. I hereby certify that I attended the deceased from March 1st day, 1941, to Oct 11, 1948, that I last saw her alive on Oct 11, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: DISEASES OF THE CORONARY ARTERIES AND ANGINA PECTORIS	1941
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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: Arch G Campbell (M. D. or other) D.C.
Address: 7-10 Battery Bldg Date signed: Oct. 11-48 Independence Mo

Jefferson City Printing Co. (Licensed Embalmer) (Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-5-48

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~~ ~~Registered Apprentice No.~~ ~~working under my personal supervision~~.

Signed J. Harder Jr.

Licensed Embalmer No. 3934

P. O. Address Liberty, 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.