No. 2
8-43
17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 23 1948

Registration District No. 138

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36285

Primary Registration District No. 4220

Registrar's No. 42

1. PLACE OF DEATH:
(a) County: Hickory
(b) City or town: Wheatland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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: All of life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Hickory 43
(c) City or town: Wheatland 0
(If outside city or town limits, write "RURAL")
(d) Street No. ____ 0
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: Olive Petrola Thompson
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: F 1
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: E. T. Thompson
6. (c) Age of husband or wife if alive: 79 years
7. Birth date of deceased: Dec (Month) 15 (Day) 1871 (Year)

8. AGE: Years	Months	Days	If less than one day
76	10	1	hr. ____ min.

9. Birthplace: Wheatland (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: ____
FATHER
12. Name: W. D. Moore
13. Birthplace: (City, town, or county) N Carolina (State or foreign country)
MOTHER
14. Maiden name: Catherine Adale Stevenson
15. Birthplace: Hickory Co (City, town, or county) Mo (State or foreign country)
16. (a) Informant: Willie Thompson
(b) Address: Wheatland, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-21-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Butches Cemetery
18. (a) Signature of funeral director: Gilbert Hetherway
(b) Address: Wheatland, Mo
19. (a) Nov 16-1948 (Date received local registrar) (b) W. P. Hargiss (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 16 year 1948 hour 6 minute P M.
21. I hereby certify that I attended the deceased from March 10, 1948 to Oct 16, 1948; that I last saw her alive on Oct. 14, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: Diabetes Mellitus — Duration
Due to: ____
Due to: ____
Other conditions (Include pregnancy within 3 months of death): ____
Major findings: Of operations: 0
Of autopsy: ____

PHYSICIAN — Underline the cause to 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: 2
23. Signature: D. J. E. Buggs (M. D. or other) D.O.
Address: Wheatland, Mo Date signed: Oct. 20 1948

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 10-48-1341
Date Filed 11-22-48

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 Chas Gilbert Hathaway

Licensed Embalmer No. 4267

P. O. Address Wheatland, 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.