

THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

37568

FILED DEC 2 1948

Registration District No. 2993

Primary Registration District No. 5913

Registrar's No.

80

1. PLACE OF DEATH:

(a) County Perry
(b) City or town McBride Mo.
(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 65-1-1 (Specify whether years, months or days)
In this community 65-1-1

3. (a) PRINT FULL NAME

Noah Thompson

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Vicia Thompson

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased October 22 1883
(Month) (Day) (Year)

8. AGE:

Years 65 Months 1 Days 1 If less than one day hr. min.

9. Birthplace Perry Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Alfred Thompson

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

14. Maiden name Sarah Brewster

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

16. (a) Informant Vicia Thompson

(b) Address McBride Mo.

17. (a) Burial (b) Date thereof 11-25-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Perryville Mo.

18. (a) Signature of funeral director Young & Sons

(b) Address Perryville Mo.

19. (a) 11-24-48 (b) John J. Zuckman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry 79
(c) City or town McBride Mo. 0
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 23
year 1948 hour 10 minute AM

21. I hereby certify that I attended the deceased from 19 Nov 48 to 23 Nov 48
that I last saw him alive on 22 Nov 48
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral apoplexy

Duration

4 da.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature James B. Bredell (M. D. or other)
Address Perryville Mo. Date signed 24 Nov 48

(Licensed Embalmer's Statement on Reverse Side)

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

10. 4
Number 1248-1493
Date Filed 12-1-48

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 Wallace Young
Licensed Embalmer No. 4027
P. O. Address Perryville

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.