S. No. 300
M—10-47
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

39899

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 20 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. .....

Registration District No. 132

Primary Registration District No. 3021

Registrar's No. 163

1. PLACE OF DEATH

(a) County Grundy

(b) City or town Trenton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Wright Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution One day (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Grundy

(c) City or town Galt
(If outside city or town limits, write "RURAL")

(d) Street No. .....
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Larry Clyde Thompson

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex M

5. Color or race W

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

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

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

7. Birth date of deceased August (Month) 28 (Day) 1948 (Year)

8. AGE: Years 0 Months 2 Days 12 If less than one day ..... hr. ..... min.

9. Birthplace Trenton (City, town, or county) Mo (State or foreign country)

10. Usual occupation None

11. Industry or business .....

FATHER
12. Name Clyde H. Thompson
13. Birthplace ..... (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Anna Lee Musgrave
15. Birthplace ..... (City, town, or county) Missouri (State or foreign country)

16. (a) Informant C W Musgrave
(b) Address Galt Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-11-48 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Galt Mo

18. (a) Signature of funeral director P K Payne Son
(b) Address Galt Mo

19. (a) 11-9-48 (Date received local registrar) (b) Irene Fair (Registrar's signature) 115

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 9th year 1948 hour 10 30 minute P.M. M.

21. I hereby certify that I attended the deceased from Aug. 28th, 1948 to Nov. 9th, 1948 that I last saw him alive on Nov. 9th, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death ~~Pyloric~~ Pyloric Spasm — Duration 1 month

Due to Do not know

Due to .....

Other conditions 86
(Include pregnancy within 3 months of death)

Major findings: Of operations Pyloric Spasm Was operable Nov. 9th 1948

Of autopsy Nov

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 .....

23. Signature Oliver F. Duffy (M. D. or other) MD

Address Trenton Mo Date signed Nov 9th-1948

(Licensed Embalmer's Statement on Reverse Side)

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 P.K. Payne Jr

Licensed Embalmer No. 3400

P. O. Address Galt

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.