

FILED DEC 27 1948

Registration District No. 187

Primary Registration District No. 3040

Registrar's No. 163

1. PLACE OF DEATH:

(a) County Linn

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

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

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Linn

(c) City or town 3 1/2 mi. Bridge
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Robert Frederick Thompson

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

3. (c) Social Security No. 487-18-6816

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14 year 1948 hour 4 - minute 30 P. M.

4. Sex M 5. Color or race W

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

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

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

7. Birth date of deceased Aug - 31 - 1972
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 30 1948 to Dec 14 1948 that I last saw him alive on Dec 10 and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 3 Days 13 If less than one day..... min.

9. Birthplace Carthage Ill. (City, town, or county) (State or foreign country)

Immediate cause of death Cerebral hemorrhage Duration 3 weeks

Due to arteriosclerosis 15 1/2 yrs

Due to.....

10. Usual occupation Sabot

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 30

Of autopsy.....

MOTHER FATHER

11. Industry or business.....

12. Name Geo Thompson 9

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Emmaline Melton

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant R Thompson

(b) Address Chillicothe mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-16-48
(Month) (Day) (Year)

(c) Place: burial or cremation Forest Park

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 0

18. (a) Signature of funeral director E Beckwith 3227 #

(b) Address Chillicothe mo

19. (a) Dec 10/48 (Date received local registrar) (b) Frances B Neel (Registrar's signature) 171

23. Signature W L Carpenter (M. D. or other) 0

Address Chillicothe mo Date signed Dec 15/48

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

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.....

Licensed Embalmer No. 3227

P. O. Address Chellicothe 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.