No. 2
12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 17 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41029

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 361

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 619 Wilkerson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community Most of Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis 80
(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL")
(d) Street No. 619 Wilkerson 4
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME JAMES W. THOMPSON
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex M. 1
5. Color or race W.
6. (a) Single, widowed, married, divorced Single 1
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October (Month) 20, (Day) 1865 (Year)

8. AGE: Years 83 Months 1 Days 17 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Kentucky 1 (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business
FATHER
12. Name Harvey Thompson
13. Birthplace Unknown (City, town, or county) Kentucky 1 (State or foreign country)
MOTHER
14. Maiden name Caroline Murphy
15. Birthplace Unknown (City, town, or county) Kentucky 1 (State or foreign country)
16. (a) Informant E. C. Thompson
(b) Address 403 S. Park, Sedalia, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12- 9-1948 (Month) (Day) (Year)
(c) Place: burial or cremation La Monte, Missouri
18. (a) Signature of funeral director DW Heckart
(b) Address Sedalia, Missouri
19. (a) 12-9-48 (Date received local registrar) (b) Betty Yeager Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 7
year 1948 hour 2 minute A. M.
21. I hereby certify that I ~~attended~~ viewed the deceased ~~from~~ as coroner
12/7/, 1948, to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death coronary occlusion	
Due to coronary Thrombosis	
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?
(Specify type of place)
While at work? (e) Means of injury 2

23. Signature Dr. K. L. Holden (~~M.D.~~ or other) DO
Address 315 Alg Bldg Sedalia Mo. Date signed 12/7/48
coroner

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12-16-48

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 Frank S Coffman Jr.

Licensed Embalmer No. 4559

P. O. Address Sedalia, 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.