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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Walsom
42973
State File No.
Registrar's No. 84

FILED JUN 29 1949

Registration District No. 282

Primary Registration District No. 4426

1. PLACE OF DEATH:

(a) County Polk
(b) City or town FAIR PLAY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Polk
(c) City or town FAIR PLAY
(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

PHENIS A. THOMPSON

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 4
year 1948 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from 12/22/1943 to Nov 3, 1948
that I last saw him alive on Nov 3, 1948
and that death occurred on the date and hour stated above.

4. Sex MO

5. Color or race W

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

6. (b) Name of husband or wife LAVERN

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased MARCH
(Month) (Day) (Year)

8. AGE: Years 80 Months 8 Days 2
If less than one day hr. _____ min. _____

9. Birthplace FAIR PLAY
(City, town, or county)

Mo.
(State or foreign country)

10. Usual occupation STOCKMAN

11. Industry or business

12. Name LEONARD THOMPSON

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

14. Maiden name MARTHA FAIRZE

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

16. (a) Informant MRS. LAVERN THOMPSON
(b) Address FAIR PLAY, MO.

17. (a) BURIAL (b) Date thereof 11-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ACHORD CEMETERY

18. (a) Signature of funeral director John A. Cantlon
(b) Address Stockton, Mo.

19. (a) June 23, 1949 (b) Ralph Burden
Date received local health officer (Requires a signature)

Immediate cause of death _____
Due to Uremia 3 M.
Due to Prostatitis & Hypertension Yrs
Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy 6/11
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 2
23. Signature Ralph Burden (M. D. or other) MD
Address Fair Play, Mo. Date signed 11/2/48

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

MOTHER FATHER

RECEIVED
District Health Officer No. 7
District File Number 5-49-781
Date Filed 6-28-49

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.....

James L. Gentry, Registered Apprentice No. 257
working under my personal supervision.

Signed John A. Cantlon
Licensed Embalmer No. 4387
P. O. Address Starkton, 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.