

FILED APR 18 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13125

BIRTH NO. _____		REG. DIST. NO. 209		PRIMARY REG. DIST. NO. 3043		Registrar's No. 125		
1. PLACE OF DEATH a. COUNTY <b>Marion</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hannibal</b>		c. LENGTH OF STAY (in this place) <b>1</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hannibal</b>		d. STREET ADDRESS (If rural, give location) <b>608 Central</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Residence 608 Central</b>				4. DATE OF DEATH (Month) (Day) (Year) <b>April 11, 1949</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Frances Ellen</b> b. (Middle) <b>Tompkins</b> c. (Last) _____			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>					
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		8. DATE OF BIRTH <b>December 19, 1854</b>		9. AGE (In years last birthday) <b>94</b> IF UNDER 1 YEAR Months <b>9</b> Days <b>2</b> IF UNDER 2 HRS. Hours <b>2</b> Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>XXX</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>XXX</b>		11. BIRTHPLACE (State or foreign country) <b>Frankford Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Joel Stephens</b>			13b. MOTHER'S MAIDEN NAME <b>Julia Ann Aallsman</b>			14. NAME OF HUSBAND OR WIFE <b>Wesley Tompkins</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Roy Cluck</b> ADDRESS <b>608 Central Hannibal Missouri</b>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage of brain + stomach.</b>  ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death. Senility</b>					INTERVAL BETWEEN ONSET AND DEATH  <b>151X</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <b>Feb</b> , 1948, to <b>Apr 10</b> , 1949, that I last saw the deceased alive on <b>Apr 10</b> , 1949, and that death occurred at <b>6:30 P.M.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>A. B. Blue</b> (Degree or title) <b>V. M. M. M.</b>			23b. ADDRESS <b>Hannibal Mo</b>			23c. DATE SIGNED <b>4-12-49</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4/13/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Pritchett</b>		24d. LOCATION (City, town, or county) (State) <b>Ashburn Missouri</b>		
DATE REC'D BY LOCAL REG. <b>4-12-49</b>		REGISTRAR'S SIGNATURE <b>Dr. E. M. Lucke</b>		FUNERAL DIRECTOR'S SIGNATURE <b>By W. C. Fisher Deputy</b>		ADDRESS <b>Hannibal Missouri</b>		

WRITE PLAINLY—USING 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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *H. Crawford Smith*.....

Licensed Embalmer No. .... 3814 .....

P. O. Address Hannibal Missouri

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.