Type or Print    Helen Lucille Thompson   Death   December 28	II MITO IAA	1 1 4 4050	THE DIVISION					4	1175	50
1. PLACE OF DEATH a. COUNTY METION  b. CITY (If creited a corporate limita, write RURAL and elve township)  b. CITY (If creited a corporate limita, write RURAL and elve township)  c. CITY (If creited a corporate limita, write RURAL and elve township)  d. FULL MANE OF (if an the bacquid or institution, for a stress address or location)  d. FULL MANE OF (if an the bacquid or institution, for a stress address or location)  d. FULL MANE OF (if an the bacquid or institution, for a stress address or location)  d. FULL MANE OF (if an the bacquid or institution, for a stress address or location)  METITION  Residence, 3725 Blackhawk  3. NAME OF B. (First)  b. (Middle)  c. CLRY (If oneside or opporate limits, write RURAL and elve vocable)  METITION METITION  Residence, 3725 Blackhawk  3. NAME OF B. (First)  b. (Middle)  c. CLRY (If oneside or opporate limits, write RURAL and elve vocable)  d. STREET (If man, five location)  A DATE (If one)  Residence, 3725 Blackhawk  C. Least)  4. DATE (Month) (Day) (Year December 28 August 10, 1898  5. SEK  6. COLOR OR RACE (7. MIGNESS)  FEMEL (If the late and the december 20 and the	THEU JAN	¥ 14 1950	STANDARD C	ERTIF	CATE OF			te File No		
a. STATE  b. CIVITY (It coulside corpuse limites, write RUTAL and give township)  b. CIVITY (It coulside corpuse limites, write RUTAL and give township)  c. CIVITY (It coulside corpuse limites, write RUTAL and give township)  c. CIVITY (It coulside corpuse limites, write RUTAL and give township)  c. CIVITY (It coulside corpuse limites, write RUTAL and give township)  c. CIVITY (It coulside corpuse limites, write RUTAL and give township)  c. CIVITY (It coulside corpuse limites, write RUTAL and give township)  d. FULL NAME OF (If and its basedual or institution, fore stownship)  RESTITUTION  RESIDENCE (3725 Blackhawk  RESTITUTION  RESIDENCE (3725 Blackhawk  RESTITUTION  RESIDENCE (3725 Blackhawk  DECEMBER  RESTITUTION  RESIDENCE (7 MARRIED, NEVER M	BIRTH NO		REG. DIST. NO.	79.	RIMARY REG.	DIST. #630	43 Rec	jistrar's No.	40	<u>6</u>
D. CITY (If catable corporate limits, write BURAL and give township)   C. LENGTH OF TOWN		ATH .	சிந்தும் திடம் <del>வி</del> ற	1		RESIDENCE			rtitution: re	
b. CITY (If ontaids corporate limits, write RURAL and give servands)  OR Hannibal	a. COUNTY	Marion				lissouri	b. C		rion	# Usphani
TOWN Hannibox    Hannibox   Country   Hannibox   Hannib	b. CITY (If outside co		URAL and give c. LEN	GTH OF	c. CITY (If oc		ts, write RURAL			· /
S. SEX   6. COLOR OR RACE   7. MARRIED, NEVER MARRIED   8. DATE OF BIRTH   9. AGE (10 years)   9. DECEMBED   10. USUAL OCCUPATION (Gives tind of work dowed during more of working life, went if redwell)   10. USUAL OCCUPATION (Gives tind of work dowed during more of working life, went if redwell)   10. USUAL OCCUPATION (Gives tind of work dowed during more of working life, went if redwell)   10. USUAL OCCUPATION (Gives tind of work dowed during more of working life, went if redwell)   10. USUAL OCCUPATION (Gives tind of work dowed during more of working life, went if redwell)   10. USUAL OCCUPATION (Gives tind of work dowed during more of working life, went if redwell)   10. USUAL OCCUPATION (Gives tind of work dowed during more of working life, went if redwell)   10. USUAL OCCUPATION (Gives tind of work dowed during more of working life, went if redwell)   10. USUAL OCCUPATION (Gives tind work dowed during more of working life, went if redwell)   10. USUAL OCCUPATION (In work was or dated of service)   10. MARIE (EARL OF IN)   10.	TOWN	Hannibal	township) SIAY (k	n this place)	. TOWN	Hannibal			<i></i>	n
NAME OF DECASED B. (First)  NAME OF DECASED  DATE  DECASED  DATE  DATE  DECASED  DATE	d. FULL NAME OF	(If not in bospital or in	stitution, give street address of	r location)	d. STREET	•				1/
3. NAME OF DECEASED D. (First) B. (Middle) C. (Last) C. (Last) M. DECEMBER DECEASED D. (Type or Print) Helen Lucille Thompson B. S.EX	INSTITUTION	Resident	ce 3725 Blackh	awk	ADDRESS	3725 B	Lackhawk	<u> </u>		Y
Type or Print    Helen Lucille Thompson   Death   December 28	3. NAME OF	a. (First)	b, (Middle)	)	c. (Las	t)	4. DATE	(Month)	(Day)	(Year)
5. SEX   6. COLOR OR RACE   7. MARRIED. NEVER NE		Helen I	Lucille Thomps	on			DEATH	De	cember	- 28
Temple   White   Water   Wat	5. SEX   6.		7. MARRIED, NEVER MA	RRIED,	8. DATE OF BI	RTH				
Hannibal Missouri  Hannibal Missouri  Country  Hannibal Missouri  Country  Hannibal Missouri  Country  And Personal Professoria Life, even if reduced to the close of the control of the country  By Mary Etta Herrin  James E. Thompson  18. NAS DECEASED EVER IN U.S. ARMED FORCES! IS. SOCIAL SECURITY  NO. DIAMS OF COUNTRY  NO. DIAMS	Female	White		(Bpecily)			<u> </u>		18	
38. FATHER'S NAME  Charles Davidson  Mary Etta Harin  Janes E. Thompson  17. Informant's Signature or Name  Address  Add			10b. KIND OF BUSINESS	OR IN-	11. BIRTHPLAC	E (State or foreign	ocuntry)		12. CITIZI	EN OF WI
Charles Davigson  Mary Etta Herrin  James E. Thompson  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY  NONE  18. CAUSE OF DEATH  Black only conecuses per  line for (a), (b), and (c)  "This does not means  Another conditions, if only, gloing DUE TO (b)  Interval Leading, such  as heart fallwre, sub-enio,  tel. It means the dis-  tel. It means the dis-  tel. This does not means  Another conditions, if only, gloing DUE TO (b)  This to the above cruste (c) stating  the underlying cause last.  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition couring death.  19a. DATE OF OPERA-  TION  21s. ACCIDENT  TION  21s. ACCIDENT  HOMICIDE  10book, farm, factory, street, office bidgs, est.)  10ble To Work   Hour)  21s. Interval per   How Did Injury occur?  Work   Sy			None		Hannik	al Misson	uri $U$		<u>ี้ บ</u>	S A
15. MAS DECEASED EVER IN U.S. ARMED FORCES? (To poor unknown) (If your poor unknown) (If yo	3a. FATHER'S NAME		13b. MOTHER'S	MAIDEN	NAME	14. NA	ME OF HUSBA	UND OR WIF	E	
15. WAS DECEASED EVER IN U.S. ARMED FORCES! Towns, or outshown in the control of	Charles Day	idson			errin	Jame	es E.Tho	mpson		
III. CAUSE OF DEATH Enter only one course per Illine for (a), (b), and (c)  "This does not mean the mode of dying, such as heart fallure, asthenia, tet. It means the du- case, injury, or complica- tion which coursed death.  ISD. MAJOR FINDINGS OF OPERATION  19a. DATE OF OPERA- TION  21a. ACCIDENT SUICIDE HOMICIDE  21d. TIME OF INJURY  21d. Moostb)  (Day)  (Pear)  (Degree or tilio)  (Degree or tilio)  (Degree or tilio)  (Degree or tilio)  DATE OF OPERA- TION  (County)  (County)  (County)  (County)  (STATE)  (County)  (County)  (STATE)  (Degree or tilio)  (County)  (	15. WAS DECEASED EVE	ER IN U.S. ARMED F	FORCES?   16. SOCIÁL S	ECURITY NO.						DRES
Enter only one causes per line for (a), (b), and (c)   DIRECTLY LEADING TO DEATH*(a)   Line for (a), (b), and (c)   DIRECTLY LEADING TO DEATH*(a)   Line for (a), (b), and (c)   DIRECTLY LEADING TO DEATH*(a)   Line for (a), (b), and (c)   DIRECTLY LEADING TO DEATH*(a)   Line for (a), (b), and (c)   DIRECTLY LEADING TO DEATH*(a)   Line for (a), (b), and (c)   DIRECTLY LEADING TO DEATH*(a)   Line for (a), (b), and (c)   DIRECTLY LEADING TO DEATH*(a)   Line for (a), (b), and (c)   DIRECTLY LEADING TO DEATH*(a)   Line for (a), (b), and (c)   DIRECTLY LEADING TO DEATH*(a)   DIRECTLY LEADING TO DIRECTLY LE	No	None					Hanni ba	i Miss		
*This does not mean the mode of dying, such as heart fallure, asthemia, etc. It means the discount of the underlying cause (a) stating the underlying cause (a) stating the underlying cause (a). BUE TO (b) rise to the above cause (a) stating the underlying cause (a). BUE TO (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d		* DISCLET OF SS		DICAL C	ERTIFICATI	ON			ONSET	UL BETWI AND DEA
**This does not mean the discussion of dying, such as heart failure, astheria, etc. It means the discussion of the underlying couse last.  **DUE TO (c)**  **II. OTHER SIGNIFICANT CONDITIONS**  **DUE TO (c)**  **III. OTHER SIGNIFICANT CONDITIONS**  **Prescription contributing to the death but not related to the disease or condition couring death.  **TION **  **Prescription contributing to the death but not related to the disease or condition couring death.  **TION **  **Prescription contributing to the death but not related to the disease or condition couring death.  **TION **  **Prescription contributing to the death but not related to the disease or condition couring death.  **Prescription contributing to the death but not related to the disease or condition couring death.  **Prescription contributing to the death but not related to the disease or condition couring death.  **Prescription contributing to the death but not related to the disease or condition couring death.  **Prescription contributing to the death but not related to the disease or condition couring death.  **Prescription contributing to the death but not related but not related to the disease or condition couring death.  **Prescription contributing to the death but not related but not related to the disease or condition couring death.  **Prescription contributing to the death but not related but not related to the death but not related but not relat		DIRECTLY LEAD!	NG TO DEATH*(a)	n d	ulem	<del>U</del>			_	
Morbid conditions, if any, giving DUE TO (b)  as heart failure, asthenia, etc. It means the discase, injury, or complication which caused death.  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  120a. DATE OF OPERATION  21a. ACCIDENT SUICIDE  13b. MAJOB FINDINGS OF OPERATION  21a. ACCIDENT SUICIDE  21d. TIME (Month) (Day) (Year) (Hour)  21d. Time (Month) (Day) (Year) (Hour)  21e. INJURY OCCURRED WHILE AT WORK  21f. How DID INJURY OCCUR?  22f. How DID INJURY OCCUR?  22a. SIGNATURE  23a. SIGNATURE  24b. DATE  24b. DATE  24c. NAME OF CEMETERY OR CREMATORY  12/30/49 Grandview  DATE RECT DEY LOCAL  REGISTRAR'S SIGNATURE  ADDRESS  ACCIDENT (Byoelly)  25 FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ACCIDENT (Byoelly)  26. LOCATION (City, town, or county)  (State)  27a. DATE RECT DEY LOCAL  REGISTRAR'S SIGNATURE  ACCIDENT (Byoelly)  27a. DATE SIGNATURE  ADDRESS  ACCIDENT (Byoelly)  27a. DATE RECT DEY LOCAL  REGISTRAR'S SIGNATURE  ACCIDENT (Byoelly)  27a. DATE RECT DEY LOCAL  REGISTRAR'S SIGNATURE  ACCIDENT (Byoelly)  27a. DATE RECT DEY LOCAL  REGISTRAR'S SIGNATURE  ACCIDENT (COUNTY)  27a. DATE SIGNATURE  ADDRESS  ACCIDENT (CITY, TOWN, OR TOWNSHIP)  27b. (CITY, TOWN, OR TOWNSHIP)  27c. (CITY, TOWN, OR TOWNSHIP)  27d. (CITY, TOWN, OR TOWNSHIP)		ANTECEDENT CA	USES	0	-					
DUE TO (c)    DUE TO (c)   DUE	•			)					_	
DUE TO (c)  III. OTHER SIGNIFICANT CONDITIONS  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT  SUICIDE  HOMICIDE  10b. MOURTH  10c. (Bpecify)  10c. (COUNTY)  10c		rise to the above ca the underlying cau	iuse (a) stating se last.			4			•	•
Conditions contributing to the death but not related to the disease or condition causing death.    19a. DATE OF OPERA- TION   19b. MAJOR FINDINGS OF OPERATION   20. AUTOPSYTY   YES   NO. NOT OWNSHIP   19b. MAJOR FINDINGS OF OPERATION   21c. (CITY, TOWN, OR TOWNSHIP)   (COUNTY)   (STATE)   19b. MAJOR FINDINGS OF OPERATION   YES   NO. NOT OWNSHIP   (COUNTY)   (STATE)   19b. MAJOR FINDINGS OF OPERATION   21c. (CITY, TOWN, OR TOWNSHIP)   (COUNTY)   (STATE)   19b. MAJOR FINDINGS OF OPERATION   21c. (CITY, TOWN, OR TOWNSHIP)   (COUNTY)   (STATE)   19b. MAJOR (Hour)   19b. Major (Hour			DUE TO (c)	<u> </u>	·				-   <u></u>	
19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE HOMICIDE 12b. LACEOFINJURY (e.g., in or about) SUICIDE HOMICIDE 12c. (CITY, TOWN, OR TOWNSHIP)  21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  21d. HACEOFINJURY (e.g., in or about) SUICIDE HOMICIDE 21d. TIME (Month) (Day) (Year) (Hour)  21e. INJURY OCCURRED WHILE AT WORK  21f. HOW DID INJURY OCCUR?  22f. How DID INJURY OCCUR?  22l. How DID INJURY OCCUR?  22	tion which caused death.									11
21a. ACCIDENT SUICIDE HOMICIDE  21a. ACCIDENT SUICIDE HOMICIDE  21b. FLACE OF INJURY (s.g., in or about SUICIDE HOMICIDE  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK AT		related to the diseas	se or condition causing death.	- //	cosis				17 /	<u> </u>
21a. ACCIDENT (Specify)  21b. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bidestc.)  21d. TIME (Month) (Day) (Year) (Hour)  21e. INJURY OCCURRED WHILE AT WORK A	19a. DATE OF OPERA-	19b. MAJOB FIND	ings of operation	•.		•	• •	,		OPSY?
SUICIDE    Borms, farm, factory, street, office bidg., etc.)		In	of rule	ru						NO
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY  21f. HOW DID INJURY OCCUR?  22f. How Did Inj	21a. ACCIDENT SUICIDE	(Specify) 2	216 PLACE OF INJURY (e.g., home, farm, factory, street, office	in or about bldg., etc.)	21c. (CITY, TO	WN, OR TOWNSH	(P)	COUNTY),	(S	IATE)
22. I hereby certify that I attended the deceased from formally and that death occurred at 9:00 Am., from the causes and on the date stated above.  23a. SIGNATURE (Degree or title) 23b. ADDRESS  23a. SIGNATURE (Degree or title) 23b. ADDRESS  23c. DATE SIGNATURE (Degree or title) 23b. ADDRESS  23c. DATE SIGNATURE (Degree or title) 23b. ADDRESS  23c. DATE SIGNATURE (Degree or title) 23c. NAME OF CEMETERY OR CREMATORY (2dd. LOCATION (City, town, or county) . (State of the county) and the date stated above.  23c. DATE SIGNATURE (Degree or title) 23c. NAME OF CEMETERY OR CREMATORY (2dd. LOCATION (City, town, or county) . (State of the county) and the county and the date stated above.  23c. DATE SIGNATURE (Degree or title) 23c. NAME OF CEMETERY OR CREMATORY (2dd. LOCATION (City, town, or county) . (State of the county) and the county and the county are county and the county and the county and the county are county and the county are county and the county and the county are county are county and the county are county are county and the county are c		1 (Den) (William)	Barry 21a IN HIDV OCC	CIIBBED	214 HOW DID	INIURY OCCUPS	,	<del></del>		
22. I hereby certify that I attended the deceased from 1944, to 1944, to 1944, that I last saw the decease alive on 1944, and that dealy occurred at 9:00 Ayr., from the causes and on the date stated above.  23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNATURE (Degree or title) 24c. NAME OF CEMETERY OR CREMATORY (2d. LOCATION (Oity, town, or county) (State 12/30/49 Grandview Hannibal Missouri DATE REG. OR MILLEL DIRECTOR'S SIGNATURE ADDRESS (State 12/30/49 Grandview Hannibal Missouri Hannibal Missouri	OF	(DEA) (XAN) (I	WHILEAT   NOT	WHILE [	Z 13011 010					-
alive on August 1944, and that death occurred at 9:00 Am., from the causes and on the date stated above.  23a. SIGNATURE  (Degree or title)  23b. ADDRESS  (Degree or title)  23c. DATE SIGNATURE  (Ad. LOCATION (City, town, or county)  (Statement of the causes and on the date stated above.  (Degree or title)  (Degree or title)  (Degree or title)  (Ad. LOCATION (City, town, or county)  (Statement of the causes and on the date stated above.  (Ad. LOCATION (City, town, or county)  (Statement of the causes and on the date stated above.  (Ad. LOCATION (City, town, or county)  (Statement of the causes and on the date stated above.  (Statement of the causes and on the date stated above.  (Ad. LOCATION (City, town, or county)  (Statement of the causes and on the date stated above.  (Statement of the causes and on the date stated above.  (Statement of the causes and on the date stated above.  (Statement of the causes and on the date stated above.  (Statement of the causes and on the date stated above.  (Statement of the causes and on the date stated above.  (Statement of the causes and on the date stated above.  (Statement of the causes and on the date stated above.  (Statement of the causes and on the date stated above.  (Statement of the causes and on the date stated above.  (Statement of the causes and on the date stated above.  (Statement of the causes and on the date stated above.  (Statement of the causes and on the causes and on the date stated above.  (Statement of the causes and on t	<del></del>		- ' "VAN - //.		.10	No. 28				
23a. SIGNATURE  (Degree or title)  23b. ADDRESS  23c. DATE SIGNATURE  24c. NAME OF CEMETERY OR CREMATORY  BURIAL  DATE REGISTRAR'S SIGNATURE  Crandview  C	22. I hereby certify	that I attended if								e aecei
24. BÖRJAV. GREMA- TION REMOVAL (Operator)  BUTIAL  DATE   24c. NAME OF CEMETERY OR CREMATORY   2dd. LOCATION (Olty, town, or county) . (State of the county)   (State of the	ative of Live	49 , 18 <u>1</u>	······································			ji om tite cause	a unu on the	oute state		TE SIGN
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FLORES FUMERAL DIRECTOR'S SIGNATURE ADDRESS    3-50 REG.   SEMANURE   REGISTRAR'S SIGNATURE   ADDRESS   HELEWOOD STAND   Hannibal Missouri	MA	tenkn	in Degree	200	100/1	Blent	Vanne	ha the	15-	برو
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS  13-50  NEMLence Description Melsouri  Hannibal Missouri	24 BORIAL GREMA	- 24b, DATE	24c. NAME OF	CEMETER	OR CREMATO	RY (2/d. Lot	ATION (Oity,	town, or cou	nty)	(State
1-3-50 REG. Dr& MLucke Desir Welserford Smith Hannibal Missouri	Burial	"  12/30/ <i>1</i>	49 Grandv	riew						
1-3-50 W8 M2 encke Destruct Wolderford fund Hannibal Missouri	DATE REC'D BY LOCAL		IGNATURE MC 9	reper	25 FUHERAL		<i>"</i>			
(Licensed Embalmed's Statement on However Side)	1-3-50 m	WEML	ucke Dep	Alexander of	Molsey		W Hanni	bal Mi	ssouri	
Comparator management of Separation pages	<del></del>		(Licensed Em	ibalmer's Si	atement on Rev	erse Side)				

RECEIVED JAN 10 1950 MARION CO. HEALTH DEPT, DATE FILED JAN 12 1950


I hereby certify that the body whose name is recorded on the rev	erse side of this o	ertificate wa	s embalmed l	by me,	or by.		
		Student E	mbalmer No.	•••••			
working under my personal supervision.	$\sim$	0	0	t		1	

John S. Itans

Licensed Embalmer No. 4540

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.