

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 13 1941

Registration District No. 201

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5280

State File No.

Registrar's No. 86

42177

1. PLACE OF DEATH:

(a) County Calaveras
(b) City or town Liberty
(c) Name of hospital or institution Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution all his life (Specify whether years, months or days)
In this community 2

3. (a) PRINT FULL NAME

George Thompson

3. (b) If veteran,

name war none

3. (c) Social Security

No. none

4. Sex Male

5. Color

White

6. (a) Single, widowed, married

divorced

6. (b) Name of husband or wife

Hattie Lincoln Thompson

6. (c) Age of husband or wife if

alive 28 years

7. Birth date of deceased

(Month) Mar (Day) 28 (Year) 1866

8. AGE:

Years

74

Months

8

Days

25

If less than one day

hr. min.

9. Birthplace

Liberty, Mo.

(City, town, or county) (State or foreign country)

10. Usual occupation

Retired day laborer

11. Industry or business

George Thompson

Liberty, Mo.

Patience Thompson

Liberty, Mo.

Liberty, Mo.

Liberty, Mo.

Liberty, Mo.

Liberty, Mo.

Liberty, Mo.

Liberty, Mo.

Liberty, Mo.

Liberty, Mo.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Calaveras
(c) City or town Liberty (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A. 23 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23
year 1940 hour 11:00 minute 30 P. M.

21. I hereby certify that I attended the deceased from 1920, 19, to Dec 23, 1940, 19;
that I last saw him alive on Dec 23, 1940, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death

General atherosclerosis

Due to Pulmonary Bronchitis Chronic

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations Had a resection of prostate about Dec 1 - 12

Of autopsy

Duration

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

23. Signature W. A. Gadsden (M. D. or other)
Address Liberty, Mo. Date signed 12/24/40

FILED
1-6-41
FILE NUMBER
HEALTH OFFICE NO. 8

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. 2

~~working under my personal supervision.~~

Signed

Edgar Archer

Licensed Embalmer No.

3311

P. O. Address

Liberty, 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, above space should be left blank.