

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

6125

Registration District No.

73

Primary Registration District No.

3014

Registrar's No.

13

## 1. PLACE OF DEATH:

(a) County Clay  
(b) City or town Liberty  
(If outside city or town limits, write "RURAL" and name of township)  
(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)

## 3. (a) PRINT FULL NAME

CHARLEY THOMPSON

## 3. (b) If veteran,

name war.

none

## 3. (c) Social Security

No. none

4. Sex Male 5. Color Negro 6. (a) Single, widowed, married divorced  
7. Birth date of deceased May 3 1863  
(Month) (Day) (Year)  
8. AGE: Years 79 Months 7 Days 11 If less than one day hr. min.  
9. Birthplace Platte Co. Mo  
(City, town, county) (State or foreign country)  
10. Usual occupation Laborer  
11. Industry or business Stanford Thompson  
12. Name Stanford Thompson  
13. Birthplace Mo  
(City, town, county) (State or foreign country)  
14. Maiden name Jane Denny Thompson  
15. Birthplace Mo  
(City, town, county) (State or foreign country)  
16. (a) Informant Mo. Henry Edwards  
(b) Address 127 S. Prairie, Liberty, Mo  
(c) Place: burial or cremation Burial  
(d) Date thereof Feb 18/1943  
(Month) (Day) (Year)  
(e) Signature of funeral director Chas. H. Edwards  
(b) Address Liberty, Mo  
(c) Date received local registrar Feb 15, 1943  
(d) (Registrar's signature) Edwards

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay  
(c) City or town 127 S. Prairie Liberty, Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 127  
(If rural, give location)  
(e) Citizen of foreign country? ✓ (Yes or No)  
If yes, name country USA

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 14  
year 1943 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 15<sup>th</sup> to Feb 14, 1943  
that I last saw him alive on Feb 12, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death

Senility  
Due to age  
Due to 162 P

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:

Of operations

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) none  
(b) Date of occurrence none  
(c) Where did injury occur? none  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? none (Specify type of place) (e) Means of injury none

23. Signature W. H. Edwards Date signed 2/15/43  
Address Liberty, Mo

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 3-5-43

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.....

*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, fact should be so stated above.