

DEC 12 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

40229
Do not use this space.

1. PLACE OF DEATH
 (a) County Marion Registration District No. 547
 (b) Township Macon Primary Registration District No. 3029
 (c) City Hannibal (d) Street No. 1246 Broadway St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 314

2. PRINT FULL NAME Glorvina Lindsley Thompson
 (a) Residence, No. 1246 Broadway St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Horace Bennett Thompson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13, 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 6 4

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Marion County
 (STATE OR COUNTRY) Missouri

13. NAME Malcolm Augustine Lindsley

14. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)

15. MAIDEN NAME Sophia Porter O'chrene

16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)

17. INFORMANT H. Bennett Thompson
 (ADDRESS) 1246 Broadway

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Olivet DATE 11/19/39

19. FUNERAL DIRECTOR (NAME) Smiths Funeral Home
 (ADDRESS) Hannibal Missouri

20. FILED Nov 20, 1939 W. C. Fisher
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/17/39 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1939, to 11-17, 1939
 I last saw him alive on 11-17, 1939 Death is said

to have occurred on the date stated above, at 3:30 A. M.
 The principal cause of death and related causes of importance were as follows:

Acute Hemorrhage

Date of onset

11/17/39

Other contributory causes of importance: 11/17/39

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. B. Norton M. D.

(Address) Hannibal Mo

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.

Dr. Norton

MAY 10 1943

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.....

.....J. J. Marsh.....L. B. 3932....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

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, above space should be left blank.