

Registration District No. 121 Primary Registration District No. 3009

1. PLACE OF DEATH:  
(a) County CAPE GIRARDEAU  
(b) City or town CAPE GIRARDEAU  
(c) Name of hospital or institution: S.E. MISSOURI HOSPITAL  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME CHARLES NELSON THOMPSON  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Gladys Williams Thompson 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased August 11 1902  
(Month) (Day) (Year)

8. AGE: Years 37 Months 4 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Cape Girardeau County Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Joseph Monroe Thompson  
13. Birthplace Cape Girardeau County Mo.  
14. Maiden name Margaret Caldwell  
15. Birthplace Cape Girardeau County Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Nelson Thompson  
(b) Address \_\_\_\_\_

17. (a) Burial (b) Date thereof 12/17/39  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Joseph's Cemetery

18. (a) Signature of funeral director John M. Thompson  
(b) Address Jackson Mo.

19. (a) 12-17-39 (b) J. M. Thompson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County CAPE GIRARDEAU  
(c) City or town ROUTE 1 JACKSON  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec day 17  
year 39 hour 12:30 minute M.  
21. I hereby certify that I attended the deceased from 12-15, 1939, to Dec-17, 1939  
that I last saw him alive on 12-17, 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death Fractured Skull  
at home + school  
Duration 2 days

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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) accident  
(b) Date of occurrence 12-15-39  
(c) Where did injury occur? Fractured - Car - Mo.  
(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) (a) Means of injury Car accident

23. Signature Dr. J. M. Thompson (M. D. or other) Dr.  
Address Jackson Date signed 12-17-39

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.

210M  
9  
closed 4/10  
PUN

**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 BA Meyer

Licensed Embalmer No. 3057

P. O. Address Jackson 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.**