

JAN 10 1940

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

44055
Do not use this space.

1. PLACE OF DEATH

(a) County Mississippi Registration District No. 566

(b) Township Tywappity Primary Registration District No. 3030

(c) or City Charleston, (d) Street No. _____ St.

(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.

(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME 512 Lonnie Earl Thompson

(a) Residence, No. 305 W. Marshall 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 Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant-

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 22, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

X X 26

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as saw mill, bank, etc. Infant

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charleston, Missouri.

FATHER

13. NAME Leonard Thompson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chomite, Kansas

MOTHER

15. MAIDEN NAME Dorothy Byrd

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

17. INFORMANT (ADDRESS) Leonard Thompson Charleston, Mo.

18. BURIAL PLACE Oak Grove Cem. DATE 12/18/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Lair-Nunnelee Charleston, Mo.

20. FILED 12-20-1939 F. J. Sullivan Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-18, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 22, 1939, to Dec 18, 1939

I last saw him alive on Dec 18, 1939 Death is said to have occurred on the date stated above, at 2:10 a.m.

The principal cause of death and related causes of importance were as follows:

Meningitis, Staph. Date of onset Dec 14 1939

157 Pa

Other contributory causes of importance: at Birth & Spina bifida. Nov 22 1939

Name of operation None Date of _____

What test confirmed diagnosis at Sp Was there an autopsy? no

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? no

If so, specify _____

(Signed) Charles B. ... M. D.

(Address) Charleston, Mo.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

V. S. NO. 2.
50M-9-19-38
I X 10605

RECEIVED

District Health Officer No. 2

District File Number 140-463

Date Filed 1-3

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.....

Licensed Embalmer No.....

P. O. Address.....

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.