DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9WA 7390

Registration District No. 561 1940

Primary Registration District No. 5756

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Miller

(b) City or town Eldon "Rural"
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of ~~hospital or institution~~ Franklin Twp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... In this community 18 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller

(c) City or town Eldon "Rural"
(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.

3. (a) PRINT FULL NAME Harry Harold Tompkins 512

3. (b) If veteran, name war No

3. (c) Social Security No. 500-10-8107

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Oct (Month) 18 (Day) 1921 (Year)

8. AGE: Years 18 | Months 3 | Days 17 | If less than one day ..... hr. ..... min.

9. Birthplace Eldon (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Laborer

11. Industry or business .....

FATHER
12. Name J. B. Tompkins
13. Birthplace Eldon, (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Ellen Pruitt
15. Birthplace Eldon (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Ellen Duncan

(b) Address Eldon, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-7-1940 (Month) (Day) (Year)

(c) Place: burial or cremation Dooley

18. (a) Signature of funeral director Phillips Funeral Home

(b) Address Eldon, Missouri

19. (a) 2-6-1940 (Date received local registrar) (b) Belle Hayes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 5 year 1940 hour 9 minute 10 A. M.

21. I hereby certify that I attended the deceased from 1-30, 1940, to 2-5, 1940 that I last saw h. alive on 2-5, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic coma — Duration 1 day

Due to Influenza combined with Diabetes

Due to .....

Other conditions (Include pregnancy within 3 months of death) 54

Major findings:
Of operations .....

Of autopsy .....

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? (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature James W. Allen (M. D. or other) MD

Address Eldon Mo. Date signed 3-8-40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 1 X19511

RECEIVED
[illegible] Health Dep't
Certificate Number 40-29
Date Filed 3-11-40

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 Louis D. Phillips, Registered Apprentice No. ____, working under my personal supervision.

Signed Louis D Phillips

Licensed Embalmer No. 3663

P. O. Address Eldon

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.