

MAY 13 1940

Registration District No. 128

Primary Registration District No. 5776B

Registrar's No.

1. PLACE OF DEATH:

- (a) County Cape Girardeau
 (b) City or town Oak Ridge Route
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: L

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution _____ (Specify whether

In this community Life _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME
- Ida Thompson 512

3. (b) If veteran, _____ 3. (c) Social Security _____
-
- name war _____ No. _____

4. Sex
- F
5. Color or race
- W
6. (a) Single, widowed, married, divorced
- m

6. (b) Name of husband or wife
- Herbert Thompson
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased
- Oct - 2 - 1882
-
- (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
-
- 67
- 6
- 10
- hr. min.

9. Birthplace
- Oak Ridge Mo
-
- (City, town, or county) (State or foreign country)

10. Usual occupation
- Housewife

11. Industry or business _____

12. Name
- Oliver Harris

13. Birthplace
- Missouri
-
- (City, town, or county) (State or foreign country)

14. Maiden name
- Bern Howard

15. Birthplace
- Missouri
-
- (City, town, or county) (State or foreign country)

16. (a) Informant's own signature
- Harry Thompson

- (b) Address
- Oak Ridge Mo

17. (a)
- Burial
- (b) Date thereof
- 4/13/40
-
- (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation
- Jackson

18. (a) Signature of funeral director
- McComb & Co

- (b) Address
- Jackson Mo

19. (a)
- May 10 1940
- (b)
- Louis V. Giese
-
- (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State
- Missouri
- (b) County
- Cape Girardeau

- (c) City or town
- Oak Ridge Mo 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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month
- 4
- day
- 12
-
- year
- 1940
- hour
- 7
- minute
- 20
- A. M.

21. I hereby certify that I attended the deceased from
- April 30
-
- _____, 19
- 40
- , to
- April 12
- , 19
- 40

- that I last saw her alive on
- April 10
- , 19
- 40
- ,
-
- and that death occurred on the date and hour stated above.

- Immediate cause of death
- Cerebral Hemorrhage
- Duration
- 18 days

- Due to _____

- Due to _____

- Other conditions _____

- (Include pregnancy within 3 months of death)

- 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?
- 1-3

- While at work? _____ (Specify type of place)

- (e) Means of injury _____

28. Signature
- R. D. Blaylock
- (M. D. or other) _____

- Address
- Oak Ridge Mo
- Date signed
- 4-12

OCT 14 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

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.