

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 181

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community About 35 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(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 DAN THOMPSON 512

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

4. Sex M 5. Color or race Yago 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Salia Thompson 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: About 35 yrs Years Months Days If less than one day hr. min.

9. Birthplace None (City, town, or county) (State or foreign country)

10. Usual occupation Labour

11. Industry or business M. & P. R. R.

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Florence Perm

(b) Address Sedalia Mo

17. (a) Sedalia (b) Date thereof 5-20-40 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sedalia Mo

18. (a) Signature of funeral director F. D. Ferguson

(b) Address Sedalia

19. (a) 5-20-40 (b) Mrs. Harry Sneed (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16 year 1940 hour 7:25 minute AM M.

21. I hereby certify that I attended the deceased from Aug 16 to May 16 1940 that I last saw him alive on May 16 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral apoplexy
hypertension
Chronic Interstitial Nephritis
Other conditions myocarditis (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy no

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? _____
906 While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature A. R. Maddox (M. D. or other) _____ Address 1163 W. Main Date signed _____

Duration
Physician
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED
District Health Officer No. 8
District File Number
Date Filed 6-14-40

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed F. D. Ferguson

Licensed Embalmer No.

P. O. Address 2172

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.