DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21079

Registration District No. FILED JUL 26 1940

Primary Registration District No. 3002

Registrar's No. 34

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.

1. PLACE OF DEATH:

(a) County: Audrain County Hospital 1

(b) City or town: Mexico, Missouri (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Audrain County Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)

In this community all his life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Audrain

(c) City or town: Co. Farm (If outside city or town limits, write "RURAL")

(d) Street No.: Mexico Mo R F D (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Clay Thompson 512

3. (b) If veteran, name war: ____

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: Colored

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

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

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

7. Birth date of deceased: ~~1859~~ (Month) unknown (Day) ~~1859~~ (Year)

8. AGE: Years: about 85 | Months: | Days: | If less than one day: ____ hr. ____ min.

9. Birthplace: Audrain Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business: ?

FATHER 12. Name: Dk

13. Birthplace: unknown (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name: Dk

15. Birthplace: unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Hospital Records

(b) Address: Mexico Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: June 10, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation: Columbia Mo

18. (a) Signature of funeral director: [illegible]

(b) Address: [illegible]

19. (a) June 10-40 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 9 year 1940 hour 7 AM minute ____ M.

21. I hereby certify that I attended the deceased from 5-29-4 ____, 19____, to 6-9-40 19____; that I last saw him alive on 6-8-40 ____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchial pneumonia

Due to: Pneumonia

Due to: Injury (Was Gangrenous) terminal type

Other conditions: Senility

Major findings: Of operations: No

Of autopsy: No autopsy

Duration

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): Fall off Wagon

(b) Date of occurrence: 6-24-40

(c) Where did injury occur? (City or town) Mt Pleasant (County) ____ (State) ____

(d) Did injury occur in or about home, on farm, in industrial place, or in public place? (Specify type of place) Hit Floor Wagon

What was he doing at the time of injury? Riding on wagon

23. Signature: [illegible] (M. D. or other)

Address: Mexico Mo Date signed 6-10-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-40-1392
Date Filed JUL 10 1940

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~~ Edgar B. Schlanker, Registered Apprentice No. working under my personal supervision.

Signed Edgar B. Schlanker

Licensed Embalmer No. 4136

P. O. Address Mexico, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.