

STANDARD CERTIFICATE OF DEATH

State File No. **23068**

Registration District No. **15 1940**

Primary Registration District No. **6162**

Registrar's No. **148**

1. PLACE OF DEATH:

(a) County **Vernon**
(b) City or town **Rural-Washington Township**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **State Hospital #3**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2-11-22**
(Specify whether years, months or days)

8. (a) PRINT FULL NAME **Susan A. (?) Thompson**

8. (b) If veteran, name war **No** 8. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **?** 6. (c) Age of husband or wife if alive **-** years

7. Birth date of deceased **Dec. 32 1851**
(Month) (Day) (Year)

8. AGE: Years **88** Months **5** Days **7** If less than one day **-** hr. **-** min.

9. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Home**

12. Name **Kinsey Coates**

13. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **Martha Edmond**

15. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Records, State Hosp #3**

(b) Address **Nevada, Mo.**

17. (a) **Burial** (b) Date thereof **5-31-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Crest Hill**

18. (a) Signature of funeral director **Creath...**

(b) Address **Adrian, Mo.**

19. (a) **5/29/40** (b) **Allen V. Keys**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Bates**
(c) City or town **Adrian**
(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.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **29**
year **1940** hour **9** minute **20** P. M.

21. I hereby certify that I attended the deceased from **Jan 1**, 19**40**, to **May 29**, 19**40**;
that I last saw h.s.v. alive on **May 29**, 19**40**.
and that death occurred on the date and hour stated above.

Immediate cause of death **Degenerative Heart Disease**

Due to **Senility**
Due to **Arteriosclerosis**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy **None**

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?

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

23. Signature **Robert H. Toller** (M. D. or other) **1**
Address **Nevada, Mo.** Date signed **5-29-40**

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. 7,
District File Number 6/140/959
Date Filed 6/25/49

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

Fred W. Creath

Registered Apprentice No. _____

working under my personal supervision.

Signed

Fred W. Creath

Licensed Embalmer No.

3343

P. O. Address

Adrian

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.