

2
3-40
-39
K29159

STANDARD CERTIFICATE OF DEATH

32131

State File No.

Registration District No. ONE 2CT 18 1917

Primary Registration District No. 4211

Registrar's No. 25

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Windsor
(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 33 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Alfred J. Thompson

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mahala Park Thompson 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased July 10 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 1 27 hr. min.

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

10. Usual occupation Farming (Retired)

11. Industry or business _____

MOTHER FATHER { 12. Name John Thompson
13. Birthplace unknown England
(City, town, or county) (State or foreign country)
14. Maiden name Angeline Park
15. Birthplace unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant A. E. Thompson
(b) Address 4538 Washington, Kansas City, Mo.

17. (a) Burial (b) Date thereof Sept 8-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston-Turner

(b) Address Windsor, Missouri

19. (a) 8-15-40 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Windsor
(If outside city or town limits, write "RURAL")
(d) Street No. 607 E. Colorado
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 6
year 1940 hour 10:10 a.m. minute _____ M.

21. I hereby certify that I attended the deceased from 7/15, 1940, to 9-6-40, 1940;
that I last saw him alive on 9-6-40, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Conjunctive Heart Failure & h

Due to Hypertensive heart disease

Due to _____

Other conditions ASB
(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) _____
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? 219

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

23. Signature [Signature] (M. D. or other) _____

Address Windsor, Mo Date signed 8/19/40

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

RECEIVED

District Health Officer No. 7,

District File Number 10-40-1502

Date Filed 10-15-40

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.....

Licensed Embalmer No. 3391

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.