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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35676

FILED NOV 20 1940

Registration District No. 461 Primary Registration District No. 3024 Registrar's No.

1. PLACE OF DEATH:
(a) County Lafayette
(b) City or town Lexington (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2122 South St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days) In this community 48 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Lafayette
(c) City or town Lexington (If outside city or town limits, write "RURAL")
(d) Street No. 2122 S. St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME John David Thompson
3. (b) If veteran, name war No
3. (c) Social Security No. —
4. Sex Ma
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Nancy Mayberry
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Dec. 15 1865 (Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 15 If less than one day hr. min.

9. Birthplace Ray Co. Mo (City, town, or county) (State or foreign country)
10. Usual occupation Miner (Coal)
11. Industry or business
MOTHER FATHER
12. Name John Thompson
13. Birthplace Va. (City, town, or county) (State or foreign country)
14. Maiden name Mary Clark
15. Birthplace Va. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Sam Lowe
(b) Address 2122 South, Lexington,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 1-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Lexington Mo
18. (a) Signature of funeral director Winkler
(b) Address Lexington Mo
19. (a) Nov 1/1940 (Date received local registrar) (b) Delia Bates (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 30 year 1940 hour 9 minute 8 A. M.
21. I hereby certify that I attended the deceased from Oct. 1929 ~~Oct. 30~~, 1940, to Oct. 30, 1940 that I last saw him alive on Oct. 30, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration
Due to High blood pressure
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) No
(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? (Specify type of place)
While at work? — (e) Means of injury
23. Signature J. A. Cope (M. D. or other)
Address Lexington Mo. Date signed Nov 6, 40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-12-40

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 Forrest F. Pimpel

Licensed Embalmer No. 3275

P. O. Address Livingston, Me.

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, fact should be so stated above.