

No. 2
11-10-39
5-17-39
I X2149

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

39543

State File No.

Registration District No. 722

Primary Registration District No. 5853

Registrar's No.

1. PLACE OF DEATH:

- (a) County Putnam
- (b) City or town Putnam - Richards
- (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 years, months or days 2

8. (a) PRINT FULL NAME Rebecca Thompson

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

4. Sex 7- 5. Color or race W- 6. (a) Single, widowed, married, divorced M-

6. (b) Name of husband or wife Hugh T. Thompson 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased April 4 1872 (Month) (Day) (Year)

8. AGE: Years 68 Months 7 Days 16 If less than one day hr. min.

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

10. Usual occupation Home work

11. Industry or business

MOTHER FATHER

- 12. Name James Young
- 13. Birthplace Ohio (City, town, or county) (State or foreign country)
- 14. Maiden name Rebecca King
- 15. Birthplace Ill. (City, town, or county) (State or foreign country)

16. (a) Informant Hugh T. Thompson

(b) Address Unionville, Mo

17. (a) Burial (b) Date thereof Nov. 22-40 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Unionville, Mo

18. (a) Signature of funeral director J. B. Henson

(b) Address Unionville, Mo

19. (a) No. 26, 1860 (b) Eunice Hill (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Putnam
- (c) City or town Unionville Rural (If outside city or town limit, write "RURAL")
- (d) Street No. 0 (If rural, give location)
- (e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 20 year 1940 hour minute 3:30 A.M.

21. I hereby certify that I attended the deceased from Nov 20, 1940, to

that I last saw her alive on and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis resulting from chronic myocarditis. Due to old age.

Due to. Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations. Of autopsy. None performed.

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? Unionville Putnam Mo (City or town) (County) (State)
- (d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
- While at work? (e) Means of injury

23. Signature J. B. Henson (M.D. or other) D.O. Address Unionville Mo Date signed 11/20/40

Duration

Several months

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Carroll

RECEIVED

District Health Officer No. 10

District File Number 12-40-2256

Date Filed DEC 11 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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed Maul E. Husted

Licensed Embalmer No. 3304

P. O. Address Unionville

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.