

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43380

Do not use this space.

1. PLACE OF DEATH

(a) County Osage Registration District No. 64-
(b) Township Jefferson Primary Registration District No. 5-1-2 Registered No. _____
(c) City _____ (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Isabell Thompson

(a) Residence, No. _____ St. _____
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF A. C. Thompson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 14, 1859.
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
81 3 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. (retired)
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Paydown (STATE OR COUNTRY) Mo.

FATHER 13. NAME John R. Giesler

14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Hulda Thorp

16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY)

17. INFORMANT Ray Thompson (ADDRESS) Belle, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Francis Cemetery DATE Nov. 24, 1940.

19. FUNERAL DIRECTOR S. G. Licklider (ADDRESS) Belle, Mo.

20. FILED Jan 10 1941 Registrar Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 22, 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1940, to Nov. 22, 1940
I last saw her alive on Nov. 22, 1940 Death is said to have occurred on the date stated above, at 6 p. m.
The principal cause of death and related causes of importance were as follows:

Auricular Fibrillation, Acute Date of onset 2 dys.

Other contributory causes of importance:

Senility
Arteriosclerosis # 10 dys.
Chronic Myocarditis # 10 dys.

Name of operation _____ Date of _____
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Paul A. Brennan, M. D.
(Address) Owensville, Mo.

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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)