

REC'D FEB 17 1941

Registration District No. 391

Primary Registration District No. 4230

Registrar's No. 8

1. PLACE OF DEATH: Iron

(a) County Iron

(b) City or town Ironton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(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. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9

(d) Street No. UNKNOWN (If rural, give location) 1

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Gladys Marguerite Thompson

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

4. Sex FEMALE 5. Color or race White

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Ray Thompson 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased NOVEMBER 30 1912
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

28 1 24 hr. min.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country) D

10. Usual occupation STENOGRAPHER

11. Industry or business Building Specialty Co.

MOTHER FATHER {

12. Name John Cash

13. Birthplace De Soto, Mo. (City, town, or county) (State or foreign country) 1)

14. Maiden name MARtha YICKERY

15. Birthplace Iron Co., Mo. (City, town, or county) (State or foreign country) A

16. (a) Informant Mr. Lloyd Cash

(b) Address 1024 Hamilton Avn.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-26-41
(Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cemetery

18. (a) Signature of funeral director Geo. P. Luchel

(b) Address Ironton, Missouri

19. (a) Jan-25-41 (b) Julia A. Hunter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan, day 24th, year 1941 hour 6:00 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from Jan 6th, 1941, to Jan 24th, 1941; that I last saw her alive on 1/20, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Advanced Pulmonary Tuberculosis

Due to _____

Due to 12 1/2 hr

Other conditions 9. B. Intestines ? ?

(Include pregnancy within 3 months of death)

7. B. spine

Major findings: _____

Of operations _____

Of autopsy _____

Duration _____

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) _____

(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? 964

While at work? _____ (Specify type of place)

(a) Means of injury _____

23. Signature R. E. Harland (M. D. or other) mip

Address Ironton, Mo. Date signed 1/25/41

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

SEP 22 1949

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

1/24/41

, Registered Apprentice No.

working under my personal supervision.

Signed

Geo P. Luebel

Licensed Embalmer No.

3475

P. O. Address

Levinton Mo.

- 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.