

FILED FEB 17 1941

Registration District No. 391

Primary Registration District No. 4230

Registrar's No. 12

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

1. PLACE OF DEATH:

(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: /
(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 Iron 47
(c) City or town Ironton
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Frances Mary Thompson

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex fem 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

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

7. Birth date of deceased March 19, 1849
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
91 10 12 _____ hr. _____ min.

9. Birthplace Madison County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name unknown
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Frances Sutton

(b) Address Ironton Mo.

17. (a) burial (b) Date thereof 2/2/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Arcadia Mo.

18. (a) Signature of funeral director Norman White & Sons

(b) Address 24 W. Main Ironton Mo.

19. (a) Feb-3-41 (b) Julia A. Huntington
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January Day 31
year 1941 hour 11 minute 50 A. M.

21. I hereby certify that I attended the deceased from January 29, 1941 to January 31, 1941; that I last saw her alive on January 30, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia

Due to _____
Due to _____

Other conditions influenza, myocarditis
(Include pregnancy within 3 months of death)

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? _____

9/10/41 (Specify type of place) _____
While at work? _____ (a) Means of injury _____

28. Signature [Signature] (M. D. _____)
Address Ironton Mo. Date signed 2-1-41

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.....

Lyle D. White Registered Apprentice No. 277
working under my personal supervision.

Signed Arnel White

Licensed Embalmer No. 3012

P. O. Address Clinton, 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, above space should be left blank.