

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.

Registration District No. 796

Primary Registration District No. 3038

State File No. _____

Registrar's No. 4

1. PLACE OF DEATH:
 (a) County SALINE
 (b) City or town MARSHALL
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Georgia Brown Blosser Home for the Aged
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 yrs in institution
 (Specify whether years, months or days)
 In this community 4 yrs

3. (a) PRINT FULL NAME REBECCA ANN THOMPSON
 8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race W
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or THOS. D. THOMPSON 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased JULY 3 1855
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 6 3 1 hr. min.

9. Birthplace WARREN COUNTY MO.
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
 12. Name J. E. HART
 13. Birthplace UNKNOWN 4
 (City, town, or county) (State or foreign country)
 14. Maiden name UNKNOWN
 15. Birthplace UNKNOWN 7
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Fred. Gordon
 (b) Address _____

17. (a) FAYETTE (b) Date thereof 1, 5, 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation FAYETTE, MO.

18. (a) Signature of funeral director Don Short
 (b) Address Marshall mo

19. (a) 1-5-41 (b) Mary Kent
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO. (b) County SALINE 97
 (c) City or town MARSHALL 1
 (If outside city or town limits, write "RURAL") 2
 (d) Street No. 836 EAST EASTWOOD 1.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan. day 4 -
 year 1941 hour 1:00 minute _____ A. M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw her alive on Jan 3, 1941,
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis & decompensation Duration ?
 Due to _____
 Due to _____
 Other conditions Hypertension 7
 (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) _____
 (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 [Signature] (M. D. or other) _____
 Address Marshall Date signed 1/5/41

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 8-12-41

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed: *Donald W. Short*

Licensed Embalmer No. *3757*

P. O. Address *Marshall, 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.