

Registration District No. 903

Primary Registration District No. 0 6271 4544 Registrar's No. _____

1. PLACE OF DEATH:

(a) County North
(b) City or town Attendale
(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 60 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County North
(c) City or town Attendale
(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 ALBINOUS LLOYD THOMPSON

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife Pearl G. Thompson 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased March 25 1875
(Month) (Day) (Year)

8. AGE: Years 65 Months 9 Days 13 If less than one day hr. _____ min. _____

9. Birthplace Maquoketa Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

12. Name Benedict Thompson
13. Birthplace 1 Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Agelene Kumbhoff
15. Birthplace Attendale Ill. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Jarvis T. Thompson
(b) Address Attendale Mo.

17. (a) Burial (b) Date thereof 1 10 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Wick Cem.

18. (a) Signature of funeral director Wm. C. Duffer
(b) Address Frank City Mo.

19. (a) Jan 29 1941 (b) Clifford Ross
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 8
year 41 hour 6:20 minute _____ M.

21. I hereby certify that I attended the deceased from Sept 1940 to Jan 8 1941
that I last saw him alive on 1-27-41 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of liver
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Dentley Neal (M.D. or other) 2
Address Frank City Mo Date signed 1-11-41

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

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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

Arch. C. Duffee

Licensed Embalmer No.

3257

P. O. Address

Grant city, ma

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.