FILED MAR 14 1941

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

6548
Do not use this space.

1. PLACE OF DEATH
(a) County Cape Girerdeau, Registration District No. 125
(b) Township — Primary Registration District No. 3009 Registered No. 1686
or
(c) City (d) Street No. 731 N. Spanish. 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 Gary Ray Thompson
(a) Residence, No. 731 n. Spanish. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE O
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 17, 1941
7. AGE YEARS ✓ MONTHS ✓ DAYS 7 If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape GIrardeau MIssouri

FATHER
13. NAME William Thompson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Co. Ill.

MOTHER
15. MAIDEN NAME Marie Thompson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lenord Arkansas

17. INFORMANT (ADDRESS) William Thompson Cape Girardeau, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Fairmount Cemetery DATE 2/24 1941
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Brinkopf & Howell Cape Girardeau Mo.
20. FILED 2-24 1941 J. M. Thompson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 24, 1941
22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1941, to 2-24-41, 19....
I last saw him alive on 2-23-41, 19.... Death is said to have occurred on the date stated above, at 6 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
154	

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy?

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?
If so, specify
(Signed) A. G. Tudor M. D.
(Address) 118 Tudor, Cape Girardeau 2/24/41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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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.....

Licensed Embalmer No.....

P. O. Address.....

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.