

No. 2
1-4-41
-17-39
X26390

MAY 9 1941

STANDARD CERTIFICATE OF DEATH

State File No. 14169
Registrar's No. 128

Registration District No. 125 Primary Registration District No. 3009

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town "
(c) Name of hospital or institution: 1022 Merrimether
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 37 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri County Cape Girardeau
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 1022 Merrimether
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country "

3. (a) PRINT FULL NAME MINNIE THOMPSON
3. (b) If veteran, name war "
3. (c) Social Security No. "

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 2 year 1941 hour 8 minute P M.
21. I hereby certify that I attended the deceased from Sept 1 1941 to April 2 1941;
that I last saw her alive on April 2 1941;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Andrew R.
6. (c) Age of husband or wife if alive 6 years (Month) (Day) (Year)
7. Birth date of deceased Oct 6 1865 (Month) (Day) (Year)

Immediate cause of death Cornus Thompson's Duration 2 days

8. AGE: Years 75 Months 5 Days 26 If less than one day hr. min.

Due to "
Due to "

9. Birthplace Elbridge (City, town, or county) 1 See (State or foreign country)
10. Usual occupation Elementary School Teacher

Other conditions Cholera Asymptomatic
(Include pregnancy within 3 months of death)

11. Industry or business "
12. Name John Q. Maddock
13. Birthplace Elbridge (City, town, or county) 1 See (State or foreign country)
14. Maiden name Mary McDonald
15. Birthplace Elbridge (City, town, or county) 1 See (State or foreign country)

Major findings:
Of operations "
Of autopsy "

16. (a) Informant Miss Ed. Hampton
(b) Address Cape Girardeau, Mo
17. (a) Burial (b) Date thereof 4 3 41 (Month) (Day) (Year)
(c) Place: burial or cremation Stirmout

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? "

18. (a) Signature of funeral director J. Stowe
(b) Address 536 Broadway Cape Girardeau
19. (a) 4-7-41 (Date received local registrar) (b) Jim Thompson (Registrar's signature)

While at work? " (Specify type of place) (e) Means of injury "
23. Signature John A. Perry (M. D. or other) "
Address Cape Girardeau Date signed 4-7-41

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

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

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..... *J. Howell*

Licensed Embalmer No. *3390*

P. O. Address *Cape Girardeau, 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.