

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14337

State File No. _____

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 125

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City
(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 2 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Laura Missouri Thompson
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex 73 5. Color or race l. 6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife Ulysses Thompson 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 15 1883 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 10 25 hr. _____ min.

9. Birthplace Oxford Miss (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name Arthur Gordon
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Rose Gordon
15. Birthplace Oxford Miss (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Rose Gordon
(b) Address Jefferson City, Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Apr 11 41 (Month) (Day) (Year)
(c) Place: burial or cremation Norville Mo

18. (a) Signature of funeral director Gene E. Holden
(b) Address Norville Mo
19. (a) 4-14-41 (Date received local registrar) (b) W. Bedford (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Cole 26
(c) City or town Jefferson City 3
(If outside city or town limits, write "RURAL") 4
(d) Street No. 925 Jackson (If rural, give location) 0
(e) If foreign born, how long in U. S. A. 7 _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr 10 day _____ year 1941 hour 17:40 minute _____ P.M.

21. I hereby certify that I attended the deceased from Nov 2, 1940, to Apr 10, 1941;
that I last saw her alive on Apr 10, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia -
Chronic nephritis with
hypertension Duration 1 day
1 1/2

Due to _____
Due to _____
Other conditions (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? _____

While at work _____ (Specify type of place) (e) Means of injury _____
23. Signature W. A. Hill (M.D. or other) _____
Address Jefferson City Mo Date signed 4-11-41

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.

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.....

Gene E. Hadden

Licensed Embalmer No.....

3865

P. O. Address.....

Hartsville 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.