

No. 2  
13-40  
17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 18821

JUN 16 1941

Registration District No. 744

Primary Registration District No. 3035

Registrar's No. 53

1. PLACE OF DEATH:

(a) County Ray  
(b) City or town Richmond  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community most of life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray 89  
(c) City or town Richmond /  
(If outside city or town limits, write "RURAL")  
(d) Street No. 611 East Lexington /  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23  
year 1941 hour \_\_\_\_\_ minute 10 P.M.  
21. I hereby certify that I attended the deceased from May 23, 19 41 to May 23, 19 41  
that I last saw her alive on May 23, 19 41  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis ?  
Due to Infectious Arthritis ?  
Mitral Stenosis ?  
Due to \_\_\_\_\_ ?  
Other conditions (include pregnancy within 3 months of death) A2 B1  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Mary Francis Thompson

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. non

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife W.F. Thompson 6. (c) Age of husband or wife if alive 9 years

7. Birth date of deceased Oct, (Month) 9 (Day) 1873 (Year)

8. AGE: Years 67 Months 7 Days 14 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace near Richmond Ohio (City, town, or county) (State or foreign country)

10. Usual occupation House Duties

11. Industry or business \_\_\_\_\_

12. Name W. T. Brown

13. Birthplace Richmond Mo. (City, town, or county) (State or foreign country)

14. Maiden name Sarah Elizabeth White (State or foreign country)

15. Birthplace Near Richmond Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Jessie Brown (b) Address Richmond Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26 1941 (Month) (Day) (Year)

(c) Place: burial or cremation New Hope

18. (a) Signature of funeral director E. Thurman (b) Address Richmond Mo.

19. (a) May 31-41 (Date received local registrar) (b) Malcolm Jackson (Registrar's signature)

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?  
915 (Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature Thos J Cook (M. D. or other) M. D.  
Address Richmond, Mo. Date signed 5-30-41

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

RECEIVED  
District Health Officer No. 8,  
District File Number 6-12-41  
Date Filed 6-12-41

**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 *E. H. ...*  
Licensed Embalmer No. 2073  
P. O. Address Richmond 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.**