DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 6 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

19406 State File No. ~~17109~~

Registration District No. 4 Primary Registration District No. 6232 Registrar's No. 21

1. PLACE OF DEATH:

(a) County Audrain

(b) ~~City or town~~ CUIVRE TWS RURAL (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 25 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain

(c) City or town Rural CUIVRE TWS (If outside city or town limits, write "RURAL")

(d) Street No. West of Vandalia 2 Mi (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME LOULA DEAN Thompson

3. (b) If veteran, name war

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race White

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife HENRY C Thompson

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct (Month) 29 (Day) 1868 (Year)

8. AGE: Years 72 Months 6 Days 15 If less than one day hr. min.

9. Birthplace Pike County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name LUTHER EDWARDS
13. Birthplace PIKE Co (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name MARGARET WILLIAMS
15. Birthplace FRANKFORT (City, town, or county) KENTUCKY (State or foreign country)

16. (a) Informant's own signature Fannie L Thompson

(b) Address Farber Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16 '41 (Month) (Day) (Year)

(c) Place: burial or cremation Bowling Green Mo

18. (a) Signature of funeral director Grace Bankhill

(b) Address Bowling Green Mo

19. (a) May 15 1941 (Date received local registrar) (b) R. Lee Alford M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14 year 1941 hour 4:20 minute A M.

21. I hereby certify that I attended the deceased from May 9, 1941, to May 14, 1941; that I last saw her alive on May 13, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Myocarditis	2 days
Due to Acute Bronchitis	1 wk.
Due to Mixed infection (respiratory)	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Dr. R L Marshall (M. D. or other) DO

Address Vandalia Mo Date signed May 15

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 10
District File Number 5-41-1048
Date Filed MAY 28 1941

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 Grace Bank Read

Licensed Embalmer No. 22 04

P. O. Address Bowling Green

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.