

Registration District No. 157

Primary Registration District No. 4091

19
20
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH

(a) County Cass
(b) City or town Pleasant Hill
(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 1 (Specify whether
In this community yes years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass
(c) City or town Pleasant Hill
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1
year 1941 hour 8 4 minute P. M.

21. I hereby certify that I attended the deceased from
Feb. 3 1941 to July 1 1941
that I last saw her alive on July 1 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach
Duration _____

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 H. Munday M.D.
Address Pleasant Hill, Mo. Date signed 7/5/41

8. (a) PRINT FULL NAME Carrie Thompson
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race Colored
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife John Thompson 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March - 6 - 1871
(Month) (Day) (Year)

8. AGE: Years 70 Months 3 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace Mount Sterling Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER FATHER { 12. Name unknown
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Stella Hodgkins
(b) Address Pleasant Hill, Mo.

17. (a) Burial (b) Date thereof 7/6/1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Hill Cem.

18. (a) Signature of funeral director D. P. Pranger
(b) Address Pleasant Hill, Mo.

19. (a) 7-6-41 (b) Ms. Ste M. Aldridge
(Date received local registrar) (Registrar's signature)

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 *W. M. Linger*

Licensed Embalmer No. *3938*

P. O. Address *Pleasant Hill, Pa.*

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.