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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED OCT 15 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

31281

State File No.

Registration District No. 137

Primary Registration District No. 4077

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Hale, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home of Frank R Daugherty, Hale, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XXX
(Specify whether
In this community Most of her life,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Carroll
(c) City or town Hale + Rural 17
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27th
year 1941. hour 3:30 minute P.M.
21. I hereby certify that I attended the deceased from Sept. 21
41. to Sept 27, 1941.
that I last saw her alive on Sept 24, 1941.
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral
hemorrhage
Duration 6 days

Due to unknown 430
Due to _____

Other conditions Asteriscentesis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy no

PHYSICIAN
Underline
the cause to
which death
should be
charged sta-
tistically.

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. P. Kamps (M. D. or other)
Address Gaillicoth, Missouri Date signed 9/29/41

3. (a) PRINT FULL NAME Willie Evelyn (Seward) Thompson

3. (b) If veteran, name war XX 3. (c) Social Security No. XX

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John E. Thompson 6. (c) Age of husband or wife if alive ?? years

7. Birth date of deceased September 18th, 1878
(Month) (Day) (Year)

8. AGE: Years 63 Months 0 Days 9 If less than one day
hr. _____ min. _____

9. Birthplace Carrollton, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business XX

12. Name John Seward

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

14. Maiden name Mary Peak

15. Birthplace Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Frank R. Daugherty

(b) Address Hale, Missouri

17. (a) Burial (b) Date thereof 9/30/1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cameron, Hale, Mo.

18. (a) Signature of funeral director Clifford W. Austin

(b) Address Tina, Missouri

19. (a) Sept 30 1941 (b) W. P. Kamps
(Date received local registrar) (Registrar's signature)

1941 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-14-07

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.....

Licensed Embalmer No.....

P. O. Address.....

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.