

Registration District No. Primary Registration District No. 6235 Registrar's No. 1

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Caugill, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Truple House
(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 (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Caldwell

(c) City or town Caugill
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anna M. Thompson

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14th
year 1942 hour 2 minute 10 M.

21. I hereby certify that I attended the deceased from Jan. 1st
1942 to March 14, 1942,
that I last saw her alive on March 14, 1942,
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Whit

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

6. (b) Name of husband or wife Ray 6. (c) Age of husband or wife if
alive 64 years

7. Birth date of deceased June 18 1873
(Month) (Day) (Year)

Immediate cause of death Carcinoma of Liver

Duration

8. AGE: Years 68 Months 8 Days 26 If less than one day
hr. min.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 468

9. Birthplace Caldwell Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Major findings: 468

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

11. Industry or business

12. Name Leonard Behrster

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

14. Maiden name Minnie Cairns

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

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?

16. (a) Informant Mrs Betty Deaky

(b) Address Caugill Mo

17. (a) Burial (b) Date thereof Mar 16 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caugill Mo

18. (a) Signature of funeral director CAUGILL

(b) Address Caugill Mo

19. (a) March 7, 1942 (b) Chas W Shaffer
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (e) Means of injury 0

23. Signature Chas W Shaffer (M. D. number)

Address Caugill, Mo Date signed 3/16/42

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

89
00
0

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-13-42

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, ,
_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed

Licensed Embalmer No. 2194

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.