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

1. PLACE OF DEATH:

(a) County: Mississippi

(b) City or town: Rural, Wolf Island, Gretna  
(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)

In this community: 22 Days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Mississippi

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

(d) Street No. 15 miles E. of E. Prairie  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME: ALEX ZENE THOMPSON

3. (b) If veteran, name war: ✓

3. (c) Social Security No.: ✓

4. Sex: Female 5. Color or race: Negro

6. (a) Single, widowed, married, divorced: 0

6. (b) Name of husband or wife: \_\_\_\_\_

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

7. Birth date of deceased: June 17 1942  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

22 hr. min.

9. Birthplace: Wolf Island, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation: \_\_\_\_\_

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

MOTHER FATHER

12. Name: J. C. Thompson

13. Birthplace: Wolf Island, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name: Beulah Beatrice Hodges

15. Birthplace: Unknown, Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant: J. C. Thompson

(b) Address: Wolf Island, Mo.

17. (a) Burial (b) Date thereof: 7-10-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Wolf Island

18. (a) Signature of funeral director: David Shelby

(b) Address: East Prairie, Mo.

19. (a) 8-4-42 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10  
year 1942 hour 3:15 minute 9 A.M.

21. I hereby certify that I attended the deceased from No Doctor to Attendance  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death: Mitral Insufficiency

Due to: \_\_\_\_\_

Due to: \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death) 928

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)  
(Specify means of injury) Coroner

23. Signature: David Shelby (M.D. or other)  
Address: East Prairie, Mo. Date signed: 7/14/42

RECEIVED

District Health Office No. 2,

District File Number 842-1045

Date Filed 8-12-42

**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, or by.....

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

*Not embalmed*

Signed *Francis Shelly*

Licensed Embalmer No. *2726*

P. O. Address *East Prairie 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.**