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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21756

FILED JUN 21 1943

Registration District No. 78

Primary Registration District No. 5-626

Registrar's No.

1. PLACE OF DEATH:

(a) County Laclede

(b) City or town Eldridge (Rural) Eldridge

(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede

(c) City or town Eldridge (Rural)

(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 0

3. (a) PRINT FULL NAME GEORGE WILLIAM THOMPSON

3. (b) If veteran, name war ✓

3. (c) Social Security No. None

4. Sex Male

5. Color or race Colored

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

6. (b) Name of husband or wife Ann L. Thompson

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

7. Birth date of deceased May (Month) 18 (Day) 1865 (Year)

8. AGE: Years 78 Months Days 17 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace (City, town, or county) 0 (State or foreign country)

MOTHER 14. Maiden name Unknown

15. Birthplace (City, town, or county) 0 (State or foreign country)

16. (a) Informant Cecil Thompson

(b) Address Lebanon Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Eldridge Mo.

18. (a) Signature of funeral director W. E. Hoelman

(b) Address Lebanon Mo.

19. (a) May 8-43 (Date received by local registrar) (b) Grace Roper (Registrar's signature)

1090

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5 year 1943 hour 10 minute A.M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Hardening of arteries. High blood pressure

Due to Weakened Heart.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 J. L. Stanton 3 Coroner (M.D. or other)

Address Lebanon Mo. Date signed 5-6-43

Received JUN 4 1943
Laclede County Health Unit
File No. 5-43-78
Date Filed JUN 15 1943

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon 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.