

S. No. 2
-11-10-39
5-17-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24663

State File No. _____

Registrar's No. 133

Registration District No. 59

Primary Registration District No. 4099

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
(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 _____ (Specify whether _____)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Martin Edward Thompson

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

4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced or Single

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

7. Birth date of deceased Dec-12-1906
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
36 6 + _____ hr. _____ min.

9. Birthplace Pleasant Hill, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name Martin Thompson

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

14. Maiden name Jane Thompson

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

16. (a) Informant James Hayes

(b) Address Pleasant Hill, Mo

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 6/30/43
(Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill Cemetery

18. (a) Signature of funeral director Dr. J. J. Foringer

(b) Address Pleasant Hill, Mo

19. (a) July 17, 1943 (b) Margaret Wile
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13th
year 1943 hour _____ minute _____ M.

21. I hereby certify that I saw attended the deceased from at 10 A.M.
1943 to _____ 19____;
that I last saw him in die on June 13- 1943
and that death occurred on the day and hour stated above.

Immediate cause of death: Death caused by
accidentally drowning
due to cystitis
found 16 da later on
Due to June 29-1943

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

* Of autopsy _____

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 Rest. J. J. Foringer

Address Pleasant Hill, Mo Date signed 6/30/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *D.P. Nofinger*
Licensed Embalmer No. *3938*
P. O. Address *Pleasant Hill, Va*

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.