No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32699

State File No.

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 183

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

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Reception Home for Invalids (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 (Specify whether years, months or days)
In this community All his life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Saline 077
(c) City or town Nelson (If outside city or town limits, write "RURAL") 2
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Jefferson Thompson
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race Male
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Helen Thompson
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased January (Month) 24 (Day) 1862 (Year)

8. AGE: Years 81 Months 7 Days 7 If less than one day hr. min.

9. Birthplace Saline County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired farmer
11. Industry or business
FATHER
12. Name John Thompson
13. Birthplace Scotland (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Catherine Dingus
15. Birthplace Penn. (City, town, or county) (State or foreign country)
16. (a) Informant A. L. Thompson
(b) Address Topeka, Kansas
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 3, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Nelson, Mo.
18. (a) Signature of funeral director Campbell-Lewis
(b) Address Marshall, Mo.
19. (a) 9-3-43 (Date received local registrar) (b) Mrs T. O. Weselbrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1 year 1943 hour 1 minute 30 A M.
21. I hereby certify that I attended the deceased from Sept 21, 1943 to Aug 31, 1943 that I last saw him alive on Aug 31, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Rectum	8 Mon
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Prostatic Hypertrophy	8 yr

Major findings:
Of operations
Of autopsy 46d

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 W. K. Wright M.D. (M. D. or other)
Address Marshall, Mo. Date signed 9-1-43

1215

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 10-11-43

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 R. W. Campbell

Licensed Embalmer No. 3469

P. O. Address Marshall, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
—5-43
I X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Out

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 183

1. PLACE OF DEATH:

(a) County: Saline

(b) City or town: Marshall
(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 (b) County

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

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Wm Jefferson Thompson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: M

5. Color or race: White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased: Jan (Month) 24 (Day) 18 (Year)

8. AGE: Years 81 Months 7 Days Unless than one day: hrs. min. No.

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

10. Usual occupation

11. Industry or business

FATHER 12. Name

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

MOTHER 14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day year 1943 hour minute 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 — Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY

32699