

S. No. 2
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5-17-39
1-11-41
1-X32873

34385

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

NOV 12 1943

Registration District No. 57

Primary Registration District No. 5181

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Oak Ridge Mo R.F.D.#2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether

In this community entire life _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

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

(d) Street No. Oak Ridge Mo R.F.D.#2
(If rural, give location)

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

3. (a) PRINT FULL NAME HERBET Thompson

3. (b) If veteran, name war _____

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 1
year 1943 hour 6 minute 50 a.m.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Mr Harris Thompson

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

7. Birth date of deceased Feb 18 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August 8 1942 to Oct 10 1943
that I last saw him alive on Sept 25 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Prostatic carcinoma

8. AGE: Years 74 Months 7 Days 13
If less than one day _____ hr. _____ min.

Due to _____

Due to _____

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

518

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

10. Usual occupation farmer

11. Industry or business _____

MOTHER FATHER { 12. Name William Thompson

{ 13. Birthplace Pinebluffs Mo
(City, town, or county) (State or foreign country)

{ 14. Maiden name Josephine Harrel

{ 15. Birthplace Shannon Mo
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Paul Thompson

(b) Address Oak Ridge Mo R.F.D.#2

17. (a) Burial (b) Date thereof Oct 3 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Goeshong

18. (a) Signature of funeral director M & Lombard & Co

(b) Address Jackson Mo

19. (a) 10-4-1943 (b) Henry W. Peutz
(Date received local registrar) (Registrar's signature)

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 R.D. Blaylock (M. D. or other) _____

Address Oak Ridge Mo Date signed 10-4-43

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

RECEIVED

District Health Officer No. 4
District File Number 1143-2948
Date Filed 11-10-43

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 Thos. K. Allen

Licensed Embalmer No. 4055

P. O. Address Jackson 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.