No. 2
-2-43
17-39
X35697

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. 38670

FILED DEC 9 1943

Registration District No. 93

Primary Registration District No. 85715

Registrar's No. 31

1. PLACE OF DEATH:

(a) County McDonald

(b) City or town Rural - Pineville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Pineville Rural Route
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 12 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County McDonald

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

(d) Street No. Pineville Star Route
(If rural, give location)

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

3. (a) PRINT FULL NAME Frank Alfred Thompson

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

4. Sex M | 5. Color or race W | 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Marie Josephine | 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Feb. (Month) 12 (Day) 1878 (Year)

8. AGE: Years 65 | Months 9 | Days 21 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Carpenter

11. Industry or business Same

FATHER
12. Name Clark Witherlow Thompson
13. Birthplace (City, town, or county) Penn (State or foreign country)

MOTHER
14. Maiden name Sarah Vickeroy
15. Birthplace Unkown (City, town, or county) Penn (State or foreign country)

16. (a) Informant Lois Neilsen
(b) Address Pineville

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-4-43 (Month) (Day) (Year)
(c) Place: burial or cremation Jane

18. (a) Signature of funeral director R. M. Humphrey
(b) Address Pineville, Mo.

19. (a) Nov 26-43 (Date received local registrar) (b) Irma Martin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 2
year 1943 hour 2:25 minute P M.

21. I hereby certify that I attended the deceased from Mar. 10, 1942, to Nov 2, 1943; that I last saw him alive on 12 Noon - Mar 2, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute congestive heart ~~degeneration~~ failure	
Due to: Senile myocardial Degeneration	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93d

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 R. P. Roberts (M. D. or other) D.O.

Address ..... Date signed 11-3-43

12 w

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1243-1332
Date Filed DEC 7 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 Maynie E Humphrey

Licensed Embalmer No. 4262

P. O. Address Pineville, 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.