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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6641

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 145

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether
In this community: years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1313 Grand Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No): U
If yes, name country:

3. (a) PRINT FULL NAME: Ada Ellen Thompson
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: W
6. (b) Name of husband or wife: F. W. Thompson
6. (c) Age of husband or wife if alive: 66 years
7. Birth date of deceased: Dec (Month) 28 (Day) 1881 (Year)

8. AGE: Years	Months	Days	If less than one day
62	1	2	hr. min.

9. Birthplace: Nodaway County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
12. Name (Father): John Jones
13. Birthplace (Father): (City, town, or county) Indiana (State or foreign country)
14. Maiden name (Mother): Sarah Sharp
15. Birthplace (Mother): Maryville (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: F. W. Thompson
(b) Address: 1313 Grand Ave St Joseph Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-17-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Barnard
18. (a) Signature of funeral director: Campbell Funeral Home
(b) Address: Maryville Missouri
19. (a) 2-17-44 (Date received local registrar) (b) Noel Hogg (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 14th year 1944 hour 5 minute 15 P.M.
21. I hereby certify that I attended the deceased from Feb. 14, 1944, to Feb. 14, 1944; that I last saw her ~~alive on~~ dead 2-14-44, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	1 day
Due to: Gen. Arteriosclerosis	1 yr.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

83a

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: Cabray Wortley (M. D. ~~or other~~)
Address: St. Joseph, Mo Date signed: 2-15-44

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(Licensed Embalmer's Statement on Reverse Side)

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 W. Dean Campbell

Licensed Embalmer No. 2620

P. O. Address Maryville 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.