

No. 2
1-2-43
5-17-39
I X39697

FILED MAR 1 1944
Registration District No. 207

Primary Registration District No. 5754

1. PLACE OF DEATH:

(a) County Maries
(b) City or town Rural Dry Creek Twp
(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 _____ (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Maries
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Dry Creek Twp.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Doris Jean Thompson

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased 5 19 42 1942
(Month) (Day) (Year)

8. AGE: Years 1 Months 8 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Homer Thompson
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Genevieve Bade
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Homer Thompson
(b) Address Dixon, Missouri
17. (a) Burial (b) Date thereof 2/8/1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Kenner

18. (a) Signature of funeral director Fred H. Gilbert
(b) Address Dixon, Missouri
19. (a) 2-14-44 (b) Erma Bassett
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 7 year 1944 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from Feb 6, 1944 that I last saw her alive on Feb 6, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Laryngeal diphtheria Duration 18 hrs

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 10

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? _____

While at work? _____ (Specify type of place) (e) Means of injury L
23. Signature Donley Gates (M. D. or other) D.O.
Address DIXON Date signed 2-7-44

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

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 3-9-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ^{not} ~~was embalmed~~ by me, or by _____

working under my personal supervision.

Registered Apprentice No. _____

Signed Fred A. Gilbert

Licensed Embalmer No. 2341

P. O. Address. Dixon, Missouri

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.