

S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 12 1944

Registration District No. 23

Primary Registration District No. 3048

Registrar's No. 44

1. PLACE OF DEATH:
(a) County Madaway
(b) City or town Maryville Mo.
(c) Name of hospital or institution: St. Francis Hospital
(d) Length of stay: In hospital or institution About 2 weeks
In this community 23 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Madaway
(c) City or town Maryville
(d) Street No. 421 South Main
(e) Citizen of foreign country? _____

3. (a) PRINT FULL NAME Joseph Holman Thompson
3. (b) If veteran, name war No
3. (c) Social Security No. 710

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 29th day Feb
year 1944 hour 11 minute P.M.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Minnie B. Thompson
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased March 10 1872

21. I hereby certify that I attended the deceased from Feb 21st 1944 to Feb 29 - 1944
that I last saw him alive on Feb 29th 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Cardiac infarction
Due to Arteriosclerosis

Duration
8 days
5 yrs

8. AGE: Years 71 Months 11 Days 19
If less than one day _____ hr. _____ min.

9. Birthplace Bedison Missouri

10. Usual occupation Retired Farmer

11. Industry or business _____
12. Name William Thompson
13. Birthplace Unknown Unknown
14. Maiden name UNKNOWN
15. Birthplace Unknown Unknown

16. (a) Informant John W. Thompson
(b) Address Maryville Mo R.R. 4

17. (a) Burial (b) Date thereof 3-4-44

(c) Place: burial or cremation S.O.O.F. Englem Mo

18. (a) Signature of funeral director Campbell Funeral Home
(b) Address 951 South Main Maryville Mo.

19. (a) March 7-44 (b) Amy Barker

Other conditions _____
Major findings: _____
Of operations _____
Of autopsy no

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____
23. Signature L. E. Dean (M. D. or other) MD
Address Maryville MO Date signed 3-3-44

AS 47 (Licensed Embalmer's Statement on Reverse Side)

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

JUN 5 1949

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. Sean Campbell

Licensed Embalmer No. 2620

P. O. Address. Manville M

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.