U. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 13 1944

Registration District No. 2571

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28428

Primary Registration District No. 3048

Registrar's No. 120

1. PLACE OF DEATH:
(a) County: Nodoway
(b) City or town: Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 4 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Atchison 3
(c) City or town: Tarkio 2
(If outside city or town limits, write "RURAL") 0
(d) Street No. ____
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: /

3. (a) PRINT FULL NAME: CORA AMANDA 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: wid
6. (b) Name of husband or wife: J. S. Thompson
6. (c) Age of husband or wife if alive: ____ years
7. Birth date of deceased: Dec (Month) 10 (Day) 1866 (Year)
8. AGE: Years 77 Months 7 Days 13 If less than one day ____ hr. ____ min.
9. Birthplace: Crystal Lake (City, town, or county) Illinois / (State or foreign country)
10. Usual occupation: at home
11. Industry or business: ____
MOTHER FATHER
12. Name: Geo. Harper
13. Birthplace: UNKNOWN (City, town, or county) Ohio / (State or foreign country)
14. Maiden name: Carolyn Rogers
15. Birthplace: UNKNOWN (City, town, or county) Illinois / (State or foreign country)
16. (a) Informant: Chas Thompson
(b) Address: Tarkio, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 8/6/44 (Month) (Day) (Year)
(c) Place: burial or cremation: Tarkio, Mo.
18. (a) Signature of funeral director: Davis Funeral Home
(b) Address: Tarkio, Mo.
19. (a) 8-8-44 (Date received local registrar) (b) Amy Barker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 3 rd year 1944 hour 8 minute 30 p. M.
21. I hereby certify that I attended the deceased from July 7th, 1944, to Aug 3rd, 1944; that I last saw h. ____ alive on ____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial degeneration
Due to: Coronary Thrombosis
Due to: ____
Other conditions (Include pregnancy within 3 months of death): ____
Major findings: Of operations: ____
Of autopsy: ____

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically.

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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: H. M. Hallis (M. D.)
Address: Maryville Mo. Date signed 8-7-44

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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.....

Licensed Embalmer No. 2394

P. O. Address Tarkio?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.