

No. 2  
8-43  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED OCT 11 1944**  
Registration District No. 120

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30873

State File No. \_\_\_\_\_

Primary Registration District No. 4194

Registrar's No. 106

1. PLACE OF DEATH:  
(a) County Henry Albany  
(b) City or town \_\_\_\_\_  
(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 \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Henry  
(c) City or town Albany  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME Mrs. Anna Bell Thompson  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

20. DATE OF DEATH: Month Oct. day 4  
year 1944 hour 3:30 minute 35 P.M.

4. Sex Female 5. Color or race white  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife W. W. Thompson  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

21. I hereby certify that I attended the deceased from Oct 1  
to Oct 4, 1944  
that I last saw her alive on Oct 4, 1944  
and that death occurred on the date and hour stated above.

7. Birth date of deceased: May 5 1857  
(Month) (Day) (Year)

Immediate cause of death Carcinoma of Colon

8. AGE: Years 87 Months 4 Days 29  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace Fairwell Co. Virginia  
(City, town, or county) (State or foreign country)

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

10. Usual occupation at home

11. Industry or business \_\_\_\_\_  
12. Name Fallon Maxwell  
13. Birthplace Fairwell Co. Virginia  
14. Maiden name Mabel Whitley  
15. Birthplace unknown Virginia

16. (a) Informant Mrs. G. W. Lambert  
(b) Address Albany, Mo.  
17. (a) Burial (b) Date thereof 10-6-1944  
(c) Place: burial or cremation Norman, Oklahoma  
18. (a) Signature of funeral director W. T. Martin  
(b) Address Albany, Mo.  
19. (a) Oct 5 1944 (b) Home W. Deater  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_ (Specify type of place) (c) Motor of injury \_\_\_\_\_  
23. Signature W. T. Martin (M. D. or other) \_\_\_\_\_  
Address Albany, Mo. Date signed 10/4/44

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

8  
1  
0

1108

(Licensed Embalmer's Statement on Reverse Side)

10/4/44

**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 me

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. 3329

P. O. Address Albany 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.**