. S. No. 2
DM—8-43
v. 5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35025

State File No.

FILED NOV 8 1944

Registration District No. 2 11

Primary Registration District No. 4407

Registrar's No. 308

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Lamonte
(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) 1

(d) Length of stay: In hospital or institution (Specify whether
In this community 2 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 20

(c) City or town Lamonte
(If outside city or town limits, write "RURAL")

(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 Dora Elizabeth Thompson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex 1 Female

5. Color or race White

6. (a) Single, widowed, married, divorced 2 Wid.

6. (b) Name of husband or wife G.E.Thompson

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

7. Birth date of deceased Oct. (Month) 15 (Day) 1874 (Year)

8. AGE: Years 69 Months 11 Days 0 If less than one day hr. min.

9. Birthplace Richmond (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name J.S.Roach
13. Birthplace Alexandria (City, town, or county) W.Va. 1 (State or foreign country)

MOTHER
14. Maiden name Sarah E.Douglas
15. Birthplace Jefferson Co. (City, town, or county) Tenn. 1 (State or foreign country)

16. (a) Informant W.E.Roach
(b) Address Sedalia,Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-18-44 (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Gillespie Funeral Home
(b) Address Sedalia,Missouri

19. (a) 9/18/44 (Date received local registrar) (b) Mrs Anna Birger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 15
year 1944 hour 8 minute 10 A M.

21. I hereby certify that I attended the deceased from Aug 1, 1944 to Sept. 15, 1944
that I last saw her alive on Sept 15, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial Degeneration	6 wks
Due to Apoplexy June 44	3 1/2 mo
Due to	
Other conditions ✓ (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93d

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 W.E. Walker (M. D. ~~another~~) M.D.
Address La Monte Mo Date signed 9-16-44

K22

(Licensed Embalmer's Statement on Reverse Side)

District File Number

Date Filed 11-7-44

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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Geo Dillard

Licensed Embalmer No. 3868

P. O. Address Sedalia, 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.