

S. No. 2  
1-8-43  
5-17-39  
P1 X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED MAY 22 1945

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18380

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

Registration District No. 336

Primary Registration District No. 6130

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH

(a) County Shannon

(b) City or town Rural - Spring Mt. Ave  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jasper Jwp 1  
(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 Mo

(b) County Shannon 101

(c) City or town Rural Jasper Jwp  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Nancy E. Thompson

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 23 year 1945 hour 1 minute — P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race A

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Harold Thompson

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

7. Birth date of deceased Apr 11 - 1899  
(Month) (Day) (Year)

Immediate cause of death Cholera

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years Months Days If less than one day

86 — 12 hr. \_\_\_\_\_ min.

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

10. Usual occupation Bus

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Madley

13. Birthplace Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Blake

15. Birthplace Mo  
(City, town, or county) (State or foreign country)

Major findings: 83w

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Edna Heart

(b) Address Rural - Spring Mt

22. If death was due to external causes, fill in the following:

(c) 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? \_\_\_\_\_

17. (a) Rural (b) Date thereof 4-24-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Madley Cemetery

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director Holmes & Cravens

(b) Address Saline Mo

19. (a) 4-23-45 (b) Frank Hyde SMO  
(Date received local registrar) (Registrar's signature)

23. Signature Frank Hyde (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed 4-23-45

744

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 5

District File Number 545271

Date Filed 5/18/45

MAY 28 1945

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 [Signature] District Health Officer No. ....  
District File Number 545271  
Date Filed 5/18/45  
P. O. Address: .....

RECEIVED

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.