

**FILED** FEB 13 1946  
Registration District No. **382**

Primary Registration District No. **548**

Registrar's No. **9**

1. PLACE OF DEATH:

(a) County **Howard**  
(b) City or town **Armstrong Rural**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**X**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **X** (Specify whether  
In this community **All his life**  
years, months or days)

3. (a) PRINT FULL NAME **Willie Mitchell Thomson**

3. (b) If veteran, name war **X** 3. (c) Social Security No. **X**

4. Sex **Male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Yes**

6. (b) Name of husband or wife **Sarah Armelda** 6. (c) Age of husband or wife if alive **77** years

7. Birth date of deceased **Oct. 29 1863**  
(Month) (Day) (Year)

8. AGE: Years **82** Months **2** Days **19** If less than one day hr. min.

9. Birthplace **Roanoke Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Cum. Presbyterian Ministry**

11. Industry or business **X**

12. Name **Asa G. Thomson**

18. Birthplace **Unknown Kentucky**  
(City, town, or county) (State or foreign country)

14. Maiden name **Melvina Robertson**

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

16. (a) Informant **Mrs. Willie Thomson**

(b) Address **Armstrong, Mo.**

17. (a) **Burial** (b) Date thereof **Jan. 20, 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sharon Cemetery**

18. (a) Signature of funeral director **Mary Oldaker**

(b) Address **Armstrong, Mo.**

19. (a) **1-22-46** (b) **Joe King**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Howard**  
(c) City or town **Armstrong Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **X** (If rural, give location)  
(e) If foreign born, how long in U. S. A. **X** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **18<sup>th</sup>**  
year **1946** hour **12** minute **10 A.M.**

21. I hereby certify that I attended the deceased from **Jan 13**, 19**46** to **Jan 17**, 19**46**  
that I last saw him alive on **Jan 17**, 19**46**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar pneumonia**

Due to **exposure to cold**

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

While at work? (Specify type of place) (c) Means of injury

23. Signature **V. F. Reburner** (M. D. or other)

Address **Hayes, Mo.** Date signed **1-21-46**

Duration **5 days**  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

---

---

**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 Mary Oldaker  
Licensed Embalmer No. 3399  
P. O. Address Armstrong, 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, above space should be left blank.**