

No. 2  
1-5-43  
5-17-39  
I X36671

FILED FEB 15 1948

Registration District No. 250

Primary Registration District No. 5848

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Madawasky  
(b) City or town Arkoe  
(c) Name of hospital or institution: None  
(d) Length of stay: In hospital or institution None  
In this community 61 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madawasky  
(c) City or town Arkoe  
(d) Street No. ....  
(e) Citizen of foreign country? (Yes or No) No

3. (a) PRINT FULL NAME Cynthia Thompson  
3. (b) If veteran, name war. .... 3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 5  
year 1945 hour 5 minute 15 P.M.  
21. I hereby certify that I attended the deceased from 29 Oct 1945 to 5 Dec 1945  
that I last saw her alive on 5 Dec 1945  
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Campbell Thompson 6. (c) Age of husband or wife if alive 94 years  
7. Birth date of deceased May 15 1856

Immediate cause of death Atherosclerosis, Chronic myocarditis  
Due to unknown

8. AGE: Years 89 Months 6 Days 20 If less than one day hr. .... min. ....

Due to .....  
Other conditions (Include pregnancy within 3 months of death) .....  
Major findings: not made  
Of operations .....  
Of autopsy not had

9. Birthplace Big Stone Gap Virginia  
10. Usual occupation House Keeper

11. Industry or business .....  
12. Name William Gilbert  
13. Birthplace Hyden Virginia  
14. Maiden name Elizabeth Thompson  
15. Birthplace Hyden Virginia

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) ..... (e) Means of injury .....  
23. Signature Chas. D. Thumbr (M. D. or other) no  
Address Barnard Date signed 7/10/45

16. (a) Informant J. P. Thompson  
(b) Address Madison  
17. (a) Burial (b) Date thereof 12-11-45  
(c) Place: burial or cremation Miriam Cemetery  
18. (a) Signature of funeral director Campbell Funeral Home  
(b) Address Marshall Mo  
19. (a) Dec 11 1945 (b) Thos. Maurice Egan

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

100666

**DISTRICT HEALTH OFFICE**  
**Cameron, Mo.**

**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..... *W. Dean Campbell* .....

Licensed Embalmer No. *2620* .....

P. O. Address..... *Marionville 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.**