No. 2
I—2-43
5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 18 1946

State File No. 5285

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 93

39 2 1

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Biggs Hotel 405 E. Commercial St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 405 East Commercial St. 6
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charlie L. Thompson
3. (b) If veteran, name war W. W. # 1.
3. (c) Social Security No. 491-03-4848
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Jane Thompson
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased October 31, 1889 (Month) (Day) (Year)

8. AGE: Years 56 Months 2 Days 29 If less than one day hr. min.

9. Birthplace Polk County (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Machinist
11. Industry or business Ice Manufacturing Co.,
FATHER 12. Name John C. Thompson
13. Birthplace UNK. (City, town, or county) UNK (State or foreign country)
MOTHER 14. Maiden name Susan V. Norman
15. Birthplace Dunnegan (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant Leonard Thompson
(b) Address 1503 Irving, Springfield Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-2-46 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery
18. (a) Signature of funeral director J. W. Klingner & Co.
(b) Address Springfield Mo.
19. (a) 2-1-46 (Date received local registrar) (b) R. N. E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30 year 1946 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from No Physician in attendance, 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Suicide by firearms
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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) Suicide
(b) Date of occurrence Jan 30, 1946
(c) Where did injury occur? Springfield (City or town) Greene (County) Mo (State)
(d) Did injury occur in or about home or farm, in industrial place, in public place? Hotel Room (Specify type of place)
While at work? No (e) Means of injury 32 revolver
23. Signature Harry C. Stone (M. D. or other)
Address Springfield Mo. Date signed 1-30-46

111

(Licensed Embalmer's Statement on Reverse Side)

FEB 23 1946

MAR 25 1946

FEB 18 1946

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 Roy A. Cleaver

Licensed Embalmer No. 1763

P. O. Address Springfield Md

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.

X