

FILED MAR 18 1946

State File No. ....

Registration District No. ....

Primary Registration District No. 4310

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Macon  
(b) City or town Bever  
(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)  
(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 Macon 61  
(c) City or town Bever  
(If outside city or town limits, write "RURAL")  
(d) Street No. - (If rural, give location) 3  
(e) Citizen of foreign country? - (Yes or No)  
If yes, name country -

3. (a) PRINT FULL NAME MARY THOMPSON

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

4. Sex Female 5. Color or race wh 6. (a) Single, widowed, married, divorced divorced  
6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive - years  
7. Birth date of deceased 1-18-1863  
(Month) (Day) (Year)

8. AGE: Years 83 Months 0 Days 7 If less than one day - hr. - min.

9. Birthplace New Castle England  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business -

12. Name William Milburn  
13. Birthplace England  
(City, town, or county) (State or foreign country)  
14. Maiden name Milburn  
15. Birthplace England  
(City, town, or county) (State or foreign country)

16. (a) Informant Daisy Thompson  
(b) Address Bever Mo

17. (a) Burial (b) Date thereof 1-22-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation West Oakwood Cem.

18. (a) Signature of funeral director H. S. Edwards

(b) Address Bever Mo

19. (a) 2-18-46 (b) Winnie Rowland  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 25  
year 1946 hour 3 minutes 20 P. M.  
21. I hereby certify that I attended the deceased from Jan. 1945  
to Jan. 1946  
that I last saw him alive on Jan. 1, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial disease 19yr

Due to Repetitive Arterio Sclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 97  
Of autopsy 97

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 J. P. Conway (M.D. or other) MD  
Address Macon Mo Date signed 2/13/46

Duration  
Physician  
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1289

RECEIVED

District Health Officer No. 10

District File Number 3-46-460

Date Filed MAR 13 1946

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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 H. E. Edwards

Licensed Embalmer No. 1961

P. O. Address Brewer 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.