

FILED MAR 27 1946

Registration District No. 376 Primary Registration District No. 3059 Registrar's No. 91

1. PLACE OF DEATH:  
 (a) County St. Francis  
 (b) City or town Bonne Terre  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution Louise St. 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

3. (a) PRINT FULL NAME GEORGE HENRY THOMPSON  
 3. (b) If veteran WORLD WAR I name \_\_\_\_\_  
 3. (c) Social Security No. 490-03-1445

4. Sex M. 5. Color or race W  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Maudie M Thompson 6. (c) Age of husband or wife if alive 60 years  
 7. Birth date of deceased May 19 1889  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
56 9 21 hr. min.

9. Birthplace Bonne Terre Missouri  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Stationary Engineer

11. Industry or business \_\_\_\_\_  
 12. Name Hugh Thompson  
 13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
 14. Maiden name Hannah Ray  
 15. Birthplace Bonne Terre Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant Maudie Thompson  
 (b) Address Bonne Terre Mo  
 17. (a) Burial (b) Date thereof 3-13-46  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation B. J. Cemetery

18. (a) Signature of funeral director Benjamin Hadley  
 (b) Address 313 Benton Bonne Terre Mo  
 19. (a) 3/18/46 (b) Esther Rudloff  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County St. Francis  
 (c) City or town Bonne Terre  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Louise St. 1  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11 1946 hour 12 minute 50 A. M.  
 21. I hereby certify that I attended the deceased from March 12 1946 to March 12 1946  
 that I last saw him alive on March 12 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 12 hrs

Due to Coronary Sclerosis Unknown

Due to \_\_\_\_\_ ✓

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

Major findings: \_\_\_\_\_  
 Of operations 940  
 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) \_\_\_\_\_  
 (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)  
 Means of injury \_\_\_\_\_

23. Signature Charles E. Sutton (M. D. or other)  
 Address 114 Glen St. Bonne Terre Mo Date signed 3/18/46

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

9471

289

RECEIVED

Deceased Person's Name No. 4  
District File Number 346-188.3  
Date Filed 3-23-46

APR 5 1946

MAR 29 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 \_\_\_\_\_

Licensed Embalmer No. 3706

P. O. Address \_\_\_\_\_

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.