

FILED MAY 13 1946 STANDARD CERTIFICATE OF DEATH

State File No. **14083**

Registration District No. **275**

Primary Registration District No. **3053**

Registrar's No. **73**

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

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town Rolla
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
McFarland Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 da
(Specify whether years, months or days)

In this community years, months or days

3. (a) PRINT FULL NAME Laura Thompson

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex F / 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ira Thompson

6. (c) Age of husband or wife if alive years

7. Birth date of deceased: Oct 21 1892
(Month) (Day) (Year)

8. AGE: Years 53 Months 5 Days 27 hr. min.

If less than one day

9. Birthplace: Crawford County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER { 12. Name William Ales

13. Birthplace No record
(City, town, or county) (State or foreign country)

14. Maiden name Electa Crabtree

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

16. (a) Informant Ira Thompson

(b) Address Hardage, Mo

17. (a) Burial (b) Date thereof 4/20/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bay Cemetery

18. (a) Signature of funeral director Carl Spencer

(b) Address Salem, Missouri

19. (a) April 26, 1946 (b) Mrs Juanita Harvey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shannon 101

(c) City or town Hardage, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18
year 1946 hour 7 minute 30 P M.

21. I hereby certify that I attended the deceased from April 18, 1946, to April 18, 1946;
that I last saw her alive on April 18, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Several peritonitis (Sanguineous)

Due to Following ruptured appendix.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

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)

(e) Means of injury

23. Signature William F. Funder
Address Rolla, Mo. Date signed 4-22-46

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, W. W. McDonald
....., Registered Apprentice No.
working under my personal supervision.

Signed W. W. McDonald
Licensed Embalmer No. 3806
P. O. Address Salem, 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.