

FILED AUG 1 1946

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 216

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution:
617 Center
(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 Joe Wilson Tompkins

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased September 23, 1897
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>48</u>	<u>8</u>	<u>29</u>	<u>hr.</u> <u>min.</u>

9. Birthplace South of New London Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business.....

MOTHER FATHER { 12. Name W. C. Tompkins

13. Birthplace Near Bush Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Ella Bear

15. Birthplace New London Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. F. L. Tompkins Farmer

(b) Address 617 Center Hannibal Missouri

17. (a) Burial (b) Date thereof 6/25/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Barkley Cemetery

18. (a) Signature of funeral director W. C. Smith

(b) Address 902 Broadway Hannibal

19. (a) 6-24-46 (b) Dr. E. M. Lucke
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls 87

(c) City or town New London
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location) 0

(e) Citizen of foreign country?..... (Yes or No) No
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22
year 1946 hour 9 minute 00 P. M.

21. I hereby certify that I attended the deceased from 1935 to June 22, 1946
that I last saw him alive on June 22, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis 10 yrs
2 pleurisy & pneumonia

Due to.....

Due to.....

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations..... 93d

Of autopsy none

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) no

(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) (b) Means of injury.....

23. Signature J. B. Hillman (M.D. or other)
Address 1011 N. 1st St. Hannibal Date signed June 24

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

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. Crawford Smith

Licensed Embalmer No. 3814

P. O. Address. Hannibal Missouri

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.