S. No. 2
4—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 17 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34284

Registration District No. 2 — Primary Registration District No. 3048 — Registrar's No. 154

1. PLACE OF DEATH:
(a) County: Nodaway
(b) City or town: Maryville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution about ½ week (Specify hours or days) In this community about all her life (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Nodaway
(c) City or town: Maryville (If outside city or town limits, write "RURAL")
(d) Street No.: 421 South Main (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Minnie Belle Lyle Thompson
3. (b) If veteran, name war: No
3. (c) Social Security No.: No

4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Wd
6. (b) Name of husband or wife: Joe Thompson
6. (c) Age of husband or wife if alive: years
Birth date of deceased: Feb (Month) - 4 (Day) - 1878 (Year)

8. AGE: Years: 68 | Months: 7 | Days: 29 | If less than one day: hr. min.

9. Birthplace: Graham (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housekeeper
11. Industry or business: —
MOTHER
12. Name: Wm J. Lyle
13. Birthplace: Camp Point (City, town, or county) Illinois (State or foreign country)
FATHER
14. Maiden name: Sarah Frances Kelly
15. Birthplace: Hagerstown (City, town, or county) Maryland (State or foreign country)
16. (a) Informant: John W. Thompson
(b) Address: Maryville Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-6-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Graham Cem.
18. (a) Signature of funeral director: Campbell Funeral Home
(b) Address: Maryville Missouri
19. (a) Oct 17 46 (Date received local registrar) (b) Reas Hall (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3rd year 1946 hour 4 minute 0 P.M.
21. I hereby certify that I attended the deceased from Sept 6th, 1946 to Oct 3rd, 1946 that I last saw her alive on Oct 3rd, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Lymphatic Leukemia	6 wks
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 94A	
Major findings: Of operations: no operations	
Of autopsy: no 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: L E Dean (M. D. or other) MD
Address: Maryville Mo. Date signed 10-4-46

229 (Licensed Embalmer's Statement on Reverse Side)

JUN 3 1947

DISTRICT HEALTH OFFICE
Cameron, Mo.

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. Dean Campbell

Licensed Embalmer No. 2620

P. O. Address Maryville 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.