

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12837

State File No.

Registration District No. 91

Primary Registration District No. 3012

Registrar's No. 38

1. PLACE OF DEATH:

(a) County CLAY

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

(c) Name of hospital or institution:
EXCELSIOR SPRINGS HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 DAYS
(Specify whether

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CLAY 24

(c) City or town MOSBY 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM DAVID THOMPSON

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE 0 5. Color or race WHITE

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

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

7. Birth date of deceased: APRIL 19 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

85 10 25 _____ hr. _____ min.

9. Birthplace MERCER COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business RAILWAY MAINTENANCE

12. Name RICHARD J. THOMPSON

13. Birthplace RUSSELL COUNTY VIRGINIA
(City, town, or county) (State or foreign country)

14. Maiden name NARCISSUS MAYES

15. Birthplace RAY COUNTY MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant A. J. Thompson
(b) Address Mosby, Missouri

17. (a) BURIAL (b) Date thereof 3-17-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FAIRVIEW - LIBERTY, MO

18. (a) Signature of funeral director Blaine Richard

(b) Address EXCELSIOR SPRINGS, MO

19. (a) 3/20/47 (b) Caroline Ditching
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR. day 14TH
year 1947 hour 1 minute 05 P.M.

21. I hereby certify that I attended the deceased from Feb. 10th 1947 to Mar. 14 1947
that I last saw him alive on March 14, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis, Arterio-sclerosis, Chr. bronchitis

Duration sev. yr

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: No 93D
Of operations _____

Of autopsy _____

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 0

23. Signature SR M. Graden (M. D. or other) M. D.

Address Excelsior Springs, MO Date signed 3/15/47

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-16-49

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74

IV.V92

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 Albert E. White

Licensed Embalmer No. 4168

P. O. Address Seclusion Springs, 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.

11/1/49