. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 23 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22924

Registration District No. 141 Primary Registration District No. 5551 Registrar's No. 58

1. PLACE OF DEATH:
(a) County Howell
(b) City or town Brandsville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No. (Specify whether
In this community 7 years. years, months or days)

46
0
0

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howell 46
(c) City or town Brandsville 23
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No. 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ROBERT LINCOLN 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 single

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 25, (Day) 1880 (Year)

8. AGE: Years 67 Months 0 Days 9 If less than one day hr. min.

9. Birthplace (City, town, or county) Ill. (State or foreign country) /

10. Usual occupation none (blind)

11. Industry or business

FATHER
12. Name Martin V. Thompson
13. Birthplace (City, town, or county) Ill. (State or foreign country) /

MOTHER
14. Maiden name Sarah Williamson
15. Birthplace (City, town, or county) unknown (State or foreign country) 9

16. (a) Informant family records /
(b) Address

17. (a) Union Hill Cem. (Burial, cremation, or removal) (b) Date thereof Apr. 5, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Howell Twp., Howell Co.

18. (a) Signature of funeral director Mayne C. Thornburgh
(b) Address West Plains, Mo.

19. (a) April 8-1947 (Date received local registrar) (b) Beatrice Cook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4, year 1947 hour 11: minute 30 P.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death broncho-pneumonia — *Duration*

Due to

Due to

Other conditions flu, nephritis,
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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? (Specify type of place) 2
While at work? (e) Means of injury

23. Signature Mayne C. Thornburgh Coroner
Address West Plains, Mo. Date signed 4/5/47

279

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5
District File Number 44722C
Date Filed 4-21-47

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.

Not Embalmed

Signed.....

Licensed Embalmer No.....

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.