

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20049**
Registrar's No. **102**

FILED JUL 9 1947

Registration District No. _____ Primary Registration District No. **3002**

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

1. PLACE OF DEATH:
 (a) County **Audrain**
 (b) City or town **Mexico, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **530 W. Pearson**
(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

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Audrain**
 (c) City or town **Mexico**
(If outside city or town limits, write "RURAL")
 (d) Street No. **530 W. Pearson**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **John Hiley Thompson**
 3. (b) If veteran, name war **World War I**
 3. (c) Social Security No. **488-18-3508**

4. Sex **M** 5. Color or race **W**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Lucille Thompson**
 6. (c) Age of husband or wife if alive **25** years
 7. Birth date of deceased **Feb 14 18 89**
(Month) (Day) (Year)

8. AGE: Years **48** Months **4** Days **8**
 If less than one day _____ hr. _____ min.

9. Birthplace **Lincoln, Co Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business **A. F. Breen, Fire Brick Co.**

12. Name **J. A. Thompson**

13. Birthplace **Elsberry, Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Maggie Skurlock**

15. Birthplace **Hawk Point, Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. J. B. Thompson**
 (b) Address **Mexico, Missouri.**

17. (a) **Burial** (b) Date thereof **June 26, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Montgomery City, Mo**

18. (a) Signature of funeral director **Charles Knoll**
 (b) Address **Mexico, Mo**
 19. (a) **6/26/47** (b) **Blanche Neely**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **June** day **22**
 year **1947** hour **7** minute **45** P- M.

21. I hereby certify that I attended the deceased from **June 22**, 19**47**, to **June 22**, 19**47**;
 that I last saw him alive on **June 22**, 19**47**;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac failure**
 Due to **Silicosis**
 Duration **18 hrs**
8-10 yrs

Due to _____
 Other conditions **114K**
(Include pregnancy within 3 months of death)

Major findings: **PHYSICIAN**
 Of operations _____
 Of autopsy _____
 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 **W. Kall...** (M. D. or other) _____
 Address **1145 Grafton Mexico Mo** Date signed **6-27-47**

SEP 5

JUL 16 1947

RECEIVED
District Health Officer No. 10
District File Number 7-47-853
Date Filed JUL - 7 1947

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 Everett R. Neal

Licensed Embalmer No. 4038

P. O. Address Mexico, 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.