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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21781

Registration District No. 231

Primary Registration District No. 4380

Registrar's No. 120

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Arkoe
(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 _____ (Specify whether

In this community 30 years years, months or days)

3. (a) PRINT FULL NAME DOLLIE DEAN THOMPSON

3. (b) If veteran, no name war. (c) Social Security No. None

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased: Oct 11 1894
(Month) (Day) (Year)

8. AGE: Years 52 Months 7 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace near Maryville, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation house work

11. Industry or business house

12. Name Campbell Thompson

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

14. Maiden name Gilbert

15. Birthplace Genevieve, Mo. (City, town or county) (State or foreign country)

16. (a) Informant Mrs. Chas. R. Rice
(b) Address Maryville, Mo.

17. (a) Burial (b) Date thereof June 9, 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maryville, Mo.

18. (a) Signature of funeral director Campbell Thompson
(b) Address Maryville, Mo.

19. (a) 6/9/47 (b) Bess H. Rice
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Nodaway
(c) City or town Arkoe (If outside city or town limits, write "RURAL")

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

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6th
year 1947 hour 10 minute 30 a.m.

21. I hereby certify that I attended the deceased from Jan. 16 1936 to June 6 1947
that I last saw him alive on June 5 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Multiple Sclerosis Duration 30 yrs.

Due to _____
Due to _____

Other conditions Terminal pulmonary edema
(Include pregnancy within 3 months of death)

Major findings: hemiplegia
Of operations _____
Of autopsy not had

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Chas. D. Thompson (M. D. or other) _____
Address Barnard, Mo Date signed 6/7/47

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

**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 *G M Atkinson*

Licensed Embalmer No. *2279*

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.