

1. PLACE OF DEATH:

(a) County SCOTLAND
(b) City or town RURAL JEFFERSON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 DAYS
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County SCOTLAND
(c) City or town MEMPHIS
(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 _____

3. (a) PRINT FULL NAME SUSAN MARY THOMPSON

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife JOSEPH THOMPSON 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased MARCH 19 1871
(Month) (Day) (Year)

8. AGE: Years 76 1/4 Months 1 Days 14 If less than one day hr. min.

9. Birthplace PENDLETON Co. KY
(City, town, or county) (State or foreign country)

10. Usual occupation: House wife

11. Industry or business _____

MOTHER FATHER { 12. Name JOHN L HENRY
13. Birthplace PENDLETON COUNTY KY
(City, town, or county) (State or foreign country)
14. Maiden name AMERICA SHIPPE
15. Birthplace PENDLETON COUNTY KY
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Verna Baker
(b) Address Memphis Mo

17. (a) Burial (b) Date thereof MAY 15 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation MEMPHIS CEMETERY

18. (a) Signature of funeral director J. Wayne Lane
(b) Address Memphis Mo

19. (a) Sept 19-47 (b) Mrs. G. C. Parrish
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 13
year 1947 hour 5 PM minute _____ M.
21. I hereby certify that I attended the deceased from May 9
1947, to May 13 1947
that I last saw her alive on May 13 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

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

Major findings: 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 2

23. Signature Lawrence E. Lowe (M.D. or other) Do
Address Memphis Mo Date signed 8/29/47

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

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

9
0
0

RECEIVED
District Health Officer No. 10
District File Number 9-47-1306
Date Filed SEP 23 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 Neal Payne
Licensed Embalmer No. 2550
P. O. Address Memphis, Tenn.

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.