No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 19 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

39369

State File No.

Registration District No. 376 Primary Registration District No. 6075 Registrar's No. 371

1. PLACE OF DEATH:
(a) County St Francois Co Mo
(b) City or town St. Francois (Rural)
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Francois
(c) City or town Esther
(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 Judith Ann Thompson
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
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 alive years
7. Birth date of deceased Nov (Month) 5 (Day) 1947 (Year)

8. AGE: Years | Months | Days | If less than one day 16 hr. min.

9. Birthplace Esther Mo (City, town, or county) (State or foreign country)
10. Usual occupation None
11. Industry or business
FATHER
12. Name Alfred Thompson
13. Birthplace St Francois Co, Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Bertie Marlow
15. Birthplace St Francois Co Mo (City, town, or county) (State or foreign country)
16. (a) Informant Alfred Thompson
(b) Address Esther Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-8-47 (Month) (Day) (Year)
(c) Place: burial or cremation Cedar Falls
18. (a) Signature of funeral director Sparks
(b) Address Flat River Mo
19. (a) 11-8-47 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11-6 day 47
year hour 12 minute 30 P.M.
21. I hereby certify that I attended the deceased from Nov 5 1947 to Nov 6 1947
that I last saw her alive on Nov 5 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Congenital heart disease	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No	

157E

PHYSICIAN
Underline the cause of 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 L. M. Stanfield (M. D. or other)
Address Farmington Date signed 11/8/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1147-1451

Date Filed 11-18-47

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.

Signed Murphy L. Spaulding

Licensed Embalmer No. 4287

P. O. Address Flat Rock 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.