

S. No. 2  
-12-45  
5-17-39  
PI X47070

FILED DEC 16 1947  
Registration District No. **310**

Primary Registration District No. **3058**

1. PLACE OF DEATH:

(a) County **St. Charles**

(b) City or town **St. Charles**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**St. Joseph Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **10 hours**  
(Specify whether years, months or days)

In this community **78 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Charles**

(c) City or town **St. Charles**  
(If outside city or town limits, write "RURAL")

(d) Street No. **209 Clark St**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME **John A Thompson**

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

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Beckie Polston**

6. (c) Age of husband or wife if alive **68** years

7. Birth date of deceased **May 31 1869**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

**78 5 14** hr. min.

9. Birthplace **Iowa**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Watchman**

11. Industry or business **Lumber Yard**

12. Name **James Thompson**

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

14. Maiden name **Elizabeth Bechel**

15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **John Thompson**

(b) Address **Harvester Mo**

17. (a) **Burial** (b) Date thereof **Nov. 18 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fee Fee Cemetery**

18. (a) Signature of funeral director **Haebmann-Bauer**

(b) Address **326 North 6th St St Charles Mo**

19. (a) **12-9-47** (b) **Flamine Thaustron**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov, 14, 1947**  
year..... hour..... minute..... M.

21. I hereby certify that I attended the deceased **held inquest**  
**Nov. 15, 1947**, 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 **Skull fracture.**

Due to **Auto accident,**

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy **None**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident** /30

(b) Date of occurrence **Nov. 14, 1947**

(c) Where did injury occur? **St. Charles Mo**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Public Place**

While at work? **NO** (Specify type of place) **Auto**

23. Signature **Marie M. ...** (Registrar's name)  
Address **Wentzville, Mo.** Date signed **11-16-47**

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

MOTHER FATHER

call with Palliation

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed 12-13-47

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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.....  
Licensed Embalmer No. 9145  
P. O. Address St Charles 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.