

FILED FEB 21 1948

Registration District No. 251

Primary Registration District No. 4380

Registrar's No. 32

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

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 60 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (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 _____

3. (a) PRINT FULL NAME Campbell Thompson

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased Feb. 29-1852
(Month) (Day) (Year)

8. AGE: Years 95 Months 11 Days 10 If less than one day hr. _____ min. _____

9. Birthplace Lee County Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business _____

12. Name Campbell Thompson

13. Birthplace Lee Co. Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Mary Creech

15. Birthplace Lee County Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant James Thompson

(b) Address Maryville, Mo.

17. (a) Buried (b) Date thereof 2-11-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miriam Cemetery

18. (a) Signature of funeral director Amathuan

(b) Address Maryville, Mo.

19. (a) 17-48 (b) Beasbalt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 9
year 1948 hour 1 minute 40 A.M.

21. I hereby certify that I attended the deceased from 16 Jan. 36 to 9 Febr. 48
that I last saw him alive on 8 Febr. 1948
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerotic heart disease

Due to cardio-vascular renal syndrome

Due to _____

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

Major findings: Of operations not made

Of autopsy not had

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? 0

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Chas. D. Hubbard (M. D. or other) MD

Address Barnard, Mo. Date signed 7/9/48

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

Feb 5 1957

11 Drive

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. Catehuan

Licensed Embalmer No. *2279*

P. O. Address *Monroville 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.