

S. No. 2
DM-5-43
v. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9861

State File No. _____

FILED APR 6 1948

Registration District No. 192

Primary Registration District No. 4305

Registrar's No. 8

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

1. PLACE OF DEATH:

(a) County one Donald
(b) City or town Anderson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME JESSIE THOMPSON

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

4. Sex Female 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 _____ years
7. Birth date of deceased Oct. 31 1960
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 3 1 4 hr. 4 min.

9. Birthplace Shoole Denmark
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business +

MOTHER FATHER
12. Name John Christenson
13. Birthplace Vernias Denmark
(City, town, or county) (State or foreign country)
14. Maiden name Etha Katherine Jensen
15. Birthplace Vernias Denmark
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Peterson
(b) Address Pitcher Apts. 48
17. (a) Burial (b) Date thereof 2-4-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Anderson mo

18. (a) Signature of funeral director Jatan David Home
(b) Address Anderson mo

19. (a) 3-10-48 (b) Virginia Buch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County one Donald
(c) City or town Anderson
(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 Feb day 1
year 1948 hour 11 minute 40 P.M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw her alive on Feb 1st 1948, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Arteriosclerosis

Due to _____
Other conditions Senility
(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 W. J. Smith M.D. (M. D. or other)
Address Anderson mo Date signed 2/3/48

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

RECEIVED

District Health Officer No. 67

Case File Number 348-352

MAR 31 1948

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 me

....., Registered Apprentice No. 1

working under my personal supervision.

Signed P. E. Cheatham

Licensed Embalmer No. 3813

P. O. Address Anderson, 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.