

No. 2
8-43
7-39
X37823

FILED AUG 31 1948

Registration District No. **394**

Primary Registration District No. **4547**

Registrar's No. **25**

1. PLACE OF DEATH:

(a) County **Worth**

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

(c) Name of hospital or institution: **S**
(If not in hospital or institution, write street number or location)

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

In this community **9** years

3. (a) PRINT FULL NAME **William Virgil Thompson**

3. (b) If veteran, name war _____

3. (c) Social Security No. **500-07-3181**

4. Sex **male**

5. Color or race **white**

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

6. (b) Name of husband or wife **Lola Thompson**

6. (c) Age of husband or wife if alive **42** years

7. Birth date of deceased: **May 28 1903**
(Month) (Day) (Year)

8. AGE: Years **45** Months **2** Days **15** If less than one day hr. **0** min.

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

10. Usual occupation **garage laborer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Ira Thompson**

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

14. Maiden name **Emma Hunter**

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

16. (a) Informant **Mrs. Lola Thompson**

(b) Address **Grant City, Mo.**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **8-16-1948**
(Month) (Day) (Year)

(c) Place: burial or cremation **Grant City, Mo.**

18. (a) Signature of funeral director **Arch C. Duffee**
Grant City, Mo.

(b) Address _____

19. (a) **Aug. 17 1948** (Date received local registrar)

(b) **Letta E. Dawson** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Worth**

(c) City or town **Grant City**
(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 **August** day **13** year **1948** hour **6** minute **15** P. M.

21. I hereby certify that I attended the deceased from **October**, 19 **46** to **date**, 19 **48**

that I last saw him alive on **Aug 13**, 19 **48** and that death occurred on the date and hour stated above.

Immediate cause of death: **Acute Coronary Occlusion**

Due to **Coronary Sclerosis**

Due to _____

Duration **30 Min**

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

Major findings: Of operations **PH**

Of autopsy _____

PHYSICIAN _____ Underline the cause to 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? _____

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

23. Signature **Frank B. Madison**

Address **Grant City, Mo.** Date signed **Aug 17 48**

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

**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 Arch C. Dunfee
Licensed Embalmer No. 3252
P. O. Address Front City, 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.