

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 33557  
Registrar's No. 98

FILED NOV 9 1948  
Registration District No. 277

Primary Registration District No. 3045-

1. PLACE OF DEATH:

(a) County Mississippi  
(b) City or town Charleston  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 710 So. Main  
(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 17 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi  
(c) City or town Charleston  
(If outside city or town limits, write "RURAL")  
(d) Street No. 710 So. Mains  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Grace Lee Thompson

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William M. Thompson 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased May 13 1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 5 11 hr. min.

9. Birthplace Greenville, Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

MOTHER FATHER {  
12. Name Charles Walter Marsh  
13. Birthplace Menard Co., Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Susan Anna Nancy  
15. Birthplace Menard Co., Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant W. M. Thompson  
(b) Address Charleston, Missouri

17. (a) Burial (b) Date thereof 10-26-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation L.O.O.F. Hall, Charleston

18. (a) Signature of funeral director [Signature]  
(b) Address Charleston, Missouri

19. (a) 11-6-48 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 24 th  
year 1948 hour 3:30 minute P. M.

21. I hereby certify that I attended the deceased from on Oct 24, 1948 to Oct 24, 1948  
that I last saw her alive on Oct 24 and that death occurred on the date and hour stated above.

Immediate cause of death Ventricular Fibrill Duration DK.

Due to Myocardites DK.

Due to none  
Other conditions (Include pregnancy within 3 months of death) none

Major findings: none  
Of operations none  
Of autopsy none  
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)  
(c) Means of injury \_\_\_\_\_  
23. Signature [Signature] (M. D. or other)  
Address Charleston, Mo Date signed 11/1/48

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

RECEIVED

District Health Office No. 2,

District File Number 1148-1504

1 am Filed 11-8-48

SEP 26 1951.



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 Joe R. Hummel  
Licensed Embalmer No. 4413  
P. O. Address Charleston, 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.