

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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 15 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Rollin Smith
State File No. 36320
Registration District No. 142
Primary Registration District No. 3336
Registrar's No. 28

1. PLACE OF DEATH:

(a) County Howell
(b) City or town Mountain View
(c) Name of hospital or institution None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 21 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Howell
(c) City or town Mountain View, Mo
(d) Street No. P. Galdoberry St.
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph Franklin Thompson

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Sadie M. Thompson 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased June 19 1861
(Month) (Day) (Year)

8. AGE: Years 87 Months 4 Days 23 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

12. Name John Land Thompson

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

14. Maiden name Nancy Elliott

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

16. (a) Informant Pearl Merrick
(b) Address Mtn. View, Mo.

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

(c) Place: burial or cremation Mtn View Cemetery

18. (a) Signature of funeral director Duncan Funeral Home
(b) Address Mountain View, Mo.

19. (a) Dec-1-48 (b) Laura Mitchell
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 12
year 1948 hour 5 minute 25 p.m.

I hereby certify that I attended the deceased from July 8 1948 to Nov 12 1948
and that I last saw him alive on Aug 30 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Colon (Hepatic Flexure) with metastasis to liver
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration

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?

Who is your work? _____ (Specify type of place)
(A) Means of injury _____
23. Signature W.D. West Plains, Mo M.D. or other _____
Address _____ Date signed 12 Nov 48

~~Date Filed~~
~~12-6-48~~
District File Number 1248756
District Health Officer No. 8
RECEIVED 12-6-48

JAN 18 1949

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 B. Duncan*
Licensed Embalmer No. *7325*
P. O. Address *Mtn. View*

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.