

FILED DEC 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42229

State File No. _____

14
13
12
11
10
9
8
7
6
5
4
3
2
1

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 4462 Registrar's No. 4229

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Elvins, mo OR TOWN Elvins
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
a. STATE Missouri b. COUNTY St. Francois
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elvins
d. STREET ADDRESS (If rural, give location) 30

3. NAME OF DECEASED (Type or Print)
a. (First) NANCEY b. (Middle) JANE c. (Last) Thompson
4. DATE OF DEATH (Month) (Day) (Year) NOV. 21, 1949

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH JAN. 4/1892 9. AGE (in years last birthday) IF UNDER 1 YEAR Months Days Hours Min. 57 10 20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (State or foreign country) Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Albert Hampton 13b. MOTHER'S MAIDEN NAME Isabelle Crawford 14. NAME OF HUSBAND OR WIFE Clay Thompson Elvins, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clay Thompson, Elvins, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Epithelioma - Cancer of face
ANTECEDENT CAUSES DUE TO (b) Don't know
DUE TO (c) -
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. -

19a. DATE OF OPERATION July 1949 19b. MAJOR FINDINGS OF OPERATION Cancer operated at St. Louis Skin and Cancer hospital 20. AUTOPSY? YES NO 190X

21a. ACCIDENT SUICIDE HOMICIDE (Specify) - 21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office, bldg., etc.) - 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) - 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? -

22. I hereby certify that I attended the deceased from Aug 19 49 to Nov 21, 1949, that I last saw the deceased alive on Nov. 20, 1949, and that death occurred at 08:30 m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) B. B. Ansel MD 23b. ADDRESS Flat River Mo 23c. DATE SIGNED 11/25/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Nov 24, 1949 24c. NAME OF CEMETERY OR CREMATORY Pendleton Cemetery 24d. LOCATION (City, town, or county) (State) Doel Run, Mo.

DATE REC'D BY LOCAL REG. Dec. 2, 1949 REGISTRAR'S SIGNATURE Ether Rudolph 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Raymond Caldwell, Flat River, Mo.
(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 12-12-49

District Health Officer No. 4

Date 12-49-162

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed *R. Caldwell*

Licensed Embalmer No. *2531*

P. O. Address *Flatt River, 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.