N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTERED DEC 18 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2

40190
Do not use this space.

1. PLACE OF DEATH
(a) County Macon / Registration District No. 533
(b) Township / Primary Registration District No. 3027 Registered No. 101
(c) City Macon (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 512 Phillip S Thompson
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. ~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ (~~write the word~~)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Pearl Thompson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 3-1870

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	69	1	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

FATHER
13. NAME Bruceman Thompson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

MOTHER
15. MAIDEN NAME Elizabeth Lunsford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio.

17. INFORMANT Mrs. Phillip Thompson (ADDRESS) Macon Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Macon Mo DATE Nov. 19 1939

19. FUNERAL DIRECTOR (NAME) Allen Hennie (ADDRESS) Macon Mo

20. FILED 12/6 1939 Leota Newton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 17 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 9 1939 to Nov 17 1939
I last saw him alive on Nov 16 1939. Death is said to have occurred on the date stated above, at 4 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis with decompensation	Jan 1939

Other contributory causes of importance: None

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? / Date of injury ....., 19....
Where did injury occur? /
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury /
Nature of injury /

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Edward Miller M. D.
(Address) Macon Mo

(Licensed Embalmer's Statement on Reverse Side)

Hammond Mortuary

RECEIVED
District Health Officer No. 10
District File Number 12-39-2138
Date Filed DEC 9 1939

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, ...
E E Hoffman, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed E E Hoffman

Licensed Embalmer No. 878

P. O. Address Clarence

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, above space should be left blank.