

U.S. No. 2
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rev. 5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 21 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28702
State File No. 577
Registrar's No. 67457

Registration District No. 577 Primary Registration District No. 6745

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

1. PLACE OF DEATH:

(a) County Moniteau Co
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 pilot home sup
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution all her life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Dollie Lee Thompson

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Carl 6. (c) Age of husband or wife if alive 49 years 29 1893
7. Birth date of deceased Dec (Month) 29 (Day) 1893 (Year)

8. AGE: Years 48 Months 6 Days 6 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business _____

12. Name A Lee Norman
13. Birthplace Moniteau MO (City, town, or county) (State or foreign country)
14. Maiden name Norman E Allen
15. Birthplace Moniteau MO (City, town, or county) (State or foreign country)

16. (a) Informant Carl Thompson

(b) Address California 1546

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 7/7/42 (Month) (Day) (Year)

(c) Place: burial or cremation Maple Glen

18. (a) Signature of funeral director W. H. Sullivan

(b) Address California MO

19. (a) 7/7 42 (Date received local registrar) (b) W. H. Sullivan (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town Rural (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 July day 4th year 1942 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from when first to seen 19____; that I last saw him alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings: Of operations _____

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? 3

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

23. Signature Kevin Latham (M. D. or other) _____

Address California, Mo Date signed 7-6-42

AUG 22 1942

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.....

H E Friedmeyer

Licensed Embalmer No.....

28524

P. O. Address.....

California 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.