

Registration District No. 577

Primary Registration District No. 5775

Registrar's No. 10

## 1. PLACE OF DEATH:

- (a) County Montgomery  
(b) City or town Union Ship  
(c) Name of hospital or institution Plot Grove 2  
(If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution

(Specify whether

In this community  
years, months or days)3. (a) PRINT  
FULL NAME John Nathaniel Thompson

8. (b) If veteran,
- 
- name war

3. (c) Social Security
- 
- No.

4. Sex Male

5. Color or
- 
- race
- X

6. (a) Single, widowed, married,
- 
- divorced

6. (b) Name of husband or wife
- Marion
6. (c) Age of husband or wife if
- 
- alive
- 64
- years

7. Birth date of deceased
- Sept 13 - 1853
- 
- (Month) (Day) (Year)

8. AGE: Years
- 86
- Months
- 2
- Days
- 11
- If less than one day
- 
- hr. min.

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

10. Usual occupation
- Farmer

11. Industry or business

12. Name
- John P. Thompson

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

14. Maiden name
- Wendy Knowlton

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

16. (a) Informant's own signature
- Shirley Thompson

- (b) Address
- California

17. (a)
- (Burial, cremation, or removal)
- (b) Date thereof
- 11/26/39
- 
- (Month) (Day) (Year)

- (c) Place: burial or cremation
- Garbule City

18. (a) Signature of funeral director
- Thompson & Friedman

- (b) Address
- California

19. (a)
- 12-6-1939
- (b)
- Nadine Latham
- 
- (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State
- Mo
- (b) County
- 1

- (c) City or town
- Plot Grove
- 
- (If outside city or town limits, write "RURAL")

- (d) Street No.
- 1
- 
- (If rural, give location)

- (e) If foreign born, how long in U. S. A? \_\_\_\_\_ years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month
- Nov.
- day
- 24
- ,
- 
- year
- 1939
- hour
- 6
- minute
- 0
- M.

21. I hereby certify that I attended the deceased from
- Sept 12
- 
- 19
- 39
- , to
- Nov. 24
- , 19
- 39
- 
- that I last saw him alive on
- Nov 19
- , 19
- 39
- 
- and that death occurred on the date and hour stated above.

Immediate cause of death Stroke & heart  
attackDuration  
3 minDue to arteriosclerosis of the coron  
ary arteries from 2 years 4 years

Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death) 180Major 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature
- Shirley Thompson
- (M. D. or other)
- MD
- 
- Address
- California
- Date signed \_\_\_\_\_

**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 Fredmeyer*

Licensed Embalmer No.

*2854*

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, above space should be left blank.**