

S. No. 2  
M-5-42  
v. 5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14226

State File No. ....

FILED MAY 9 1946  
Registration District No. 316

Primary Registration District No. 3059

Registrar's No. 126

1. PLACE OF DEATH

(a) County St. Francois

(b) City or town Bonne Terre  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
431 N. Allen 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Bonne Terre  
(If outside city or town limits, write "RURAL")

(d) Street No. 431 N. Allen  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME HUGH 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.

6. (b) Name of husband or wife Hannah Thompson

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased April 11 1865  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1 year 1946 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from April 1 1946 to April 1 1946; that I last saw him alive on April 1 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Duration Several years

8. AGE: Years 80 Months 11 Days 20 If less than one day hr. min.

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

10. Usual occupation Laborer

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

11. Industry or business

12. Name Joe Thompson

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

14. Maiden name Minerva Ann Kidd

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

16. (a) Informant Perry Thompson

(b) Address 411 N. Allen Bonne Terre Mo.

17. (a) Burial (b) Date thereof 4-4-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation B. J. Cemetery

18. (a) Signature of funeral director Bertram Rudloff

(b) Address 313 Bertram Bonne Terre Mo.

19. (a) 4-13-46 (b) Ether Rudloff  
(Date received local registrar) (Registrar's signature)

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?  
(Specify type of place)

While at work? (c) Means of injury.....

23. Signature M. J. New, Jr. (M. D. or other) MD  
Address Bonne Terre, Mo. Date signed 4-10-46

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

13126

14  
2  
1

Health Officer No. 4  
File Number 546-2093  
Date Filed 5-8-46

**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 C. J. Claywell  
Licensed Embalmer No. 3706  
P. O. Address Sanne Lane Me

**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.**