

FILED MAR 18 1942

Primary Registration District No. 3009

Registrar's No. 62

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(c) Name of hospital or institution: Southeast Missouri Hospital
(d) Length of stay: In hospital or institution 1 day
In this community 1-year

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau
(d) Street No. 122 So. Spanish St.
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Sylvester Udee Thompson

3. (b) If veteran, name war. 3. (c) Social Security No. 490-10-8991

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Anna McDonald 6. (c) Age of husband or wife if alive 33 years
7. Birth date of deceased December 20 1904

8. AGE: Years 37 Months 1 Days 26 If less than one day hr. min.

9. Birthplace Fruitland Missouri

10. Usual occupation River work

11. Industry or business River Construction work

12. Name Fielding Thompson

13. Birthplace Pochantas Missouri

14. Maiden name Sheba Sides

15. Birthplace Appleton Missouri

16. (a) Informant Mrs. Anna Thompson

(b) Address Cape Girardeau, Mo.

17. (a) Burial (b) Date thereof Feb. 17 1942

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director L. S. Stemon

(b) Address Cape Girardeau, Mo.

19. (a) 2-17-42 (b) F. W. Phelps

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 16 year 1942 hour 2 minute 15 A. M.

21. I hereby certify that I attended the deceased from 2-14-42 to 2-16-42 that I last saw him alive on 2-15-42 and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Myocarditis

Due to Asthma, bronchial ?

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93d Of autopsy

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)

23. Signature: F. W. Phelps (M. D. or other)

Address: 704 Broadway Date signed: 2-16-42

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

MOTHER FATHER

PHYSICIAN Underline the cause to which death should be charged statistically.

1014

Cape Girardeau, Mo.

RECEIVED

District Health Officer No.

District File Number 342-555

Date Filed 3-16-42

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, only

....., Registered Apprentice No.

working under my personal supervision.

Signed

Earl Smith

Licensed Embalmer No. 7676

P. O. Address

Cape Girardeau, 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.