

Monroe County

Thompson, Orlando Whhittfield

(13 Nov 1843 Quincy IL - 2 Nov 1943

Hannibal, MO)

No Unit Identified.

Buried Bowling Green, MO. Lived at 203 Catherine, Monroe City, MO.

No. 2
5-4-41
17-39
152222

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43759
Primary Registration District No. 3043
Registrar's No. 330

FILED DEC 17 1943

1. PLACE OF DEATH:
(a) County Monroe
(b) City or town Hannibal
(c) Name of hospital or institution St Elizabeth's Hosp
(If not in hospital or institution, write street number or route)
(d) Length of stay: In hospital or institution 10 days
In this community 10 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Monroe
(c) City or town Monroe City
(d) Street No. 203 Catherine
(If more, give location)
(e) Citizen of foreign country? yes No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Orlando W. Thompson
(b) If veteran, name and No. Civil (c) Social Security No. no

4. Sex Male 5. Color or race White 6. (a) Single, widowed, divorced 2
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Nov 13 1843
(Month) (Day) (Year)

8. AGE: Years 99 Months 11 Days 19 If less than one day hr. min.

9. Birthplace Quincy Ill. Ill. / 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business _____

12. Name Whittley Thompson
13. Birthplace Nashville Tenn / 1
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Ann Ky / 1
(City, town, or county) (State or foreign country)
15. Birthplace Paris Ky / 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clay Barger
(b) Address Monroe City Mo

17. (a) Burial (b) Date interred Nov 4 - 1943
(Burial, cremation, or reburial) (Month) (Day) (Year)
(c) Place: Burial or cremation Bowling Green

18. (a) Signature of funeral director H. B. Moore
(b) Address Bowling Green Mo

19. (a) 11-2-43 (b) RW Connor
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month Nov day 2
year 1943 hour 9 minute AM

21. I hereby certify that I attended the deceased from Oct 28 - 43
to Nov 2 1943
that I last saw him alive on Nov 1 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-vascular. Renal
failure Duration ?

Due to _____

Due to _____

Other conditions Fractured hip Oct-18-43
(Include pregnancy within 3 months of death)

Major findings: Of operations None Of autopsy 1/1

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) accident
(b) Date of occurrence Oct 18 - 43
(c) Where did injury occur? Monroe City, Monroe Missouri
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home
Walls at work? _____ (Specify type of place)
(e) Means of injury fall

23. Signature H. B. Moore (M. D. registered) Address Hannibal Mo Date signed Nov 2 1943

1146 (Emanuel Embalmer's Statement on Reverse Side)

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