

REC'D FEB 16 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1932  
Do not use this space.

1. PLACE OF DEATH  
(a) County Cass Registration District No. 156  
(b) Township Harrisowille Primary Registration District No. 4090 Registered No. 5  
(c) City Harrisowille (d) Street No. \_\_\_\_\_ St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 19 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Thomas Jesse George  
(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Elizabeth H George  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8-1852  
7. AGE YEARS 86 MONTHS 8 DAYS 21 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer Retired  
9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29 1939  
22. I HEREBY CERTIFY, That I attended deceased from Jan 26 1939 to Jan 29 1939  
I last saw him alive on Jan 27 1939. Death is said to have occurred on the date stated above, at 2:00 p. m.  
The principal cause of death and related causes of importance were as follows:  
Chronic nephritis  
Thaemic coma  
Date of onset \_\_\_\_\_  
Other contributory causes of importance: 121

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooker Co Mo  
13. NAME Wm J George  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooker Co Mo  
15. MAIDEN NAME Margaret Douglas  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooker Co Mo  
17. INFORMANT (ADDRESS) Wray George  
Summit City Mo  
18. BURIAL, CREMATION, OR OTHER PLACEMENT Summit City Mo DATE 1/31 1939  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Robt. H. Smith  
Harrisowille Mo  
20. FILED Jan 30 1939 Leedsley D. ... Local Registrar.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_  
24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) H. P. Smith, M. D.  
(Address) Harrisowille Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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..... *Ernest Remmenburger*

Licensed Embalmer No. *3368*

P. O. Address *Harrisonville*

**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.**