

1939 AUG 9 1939

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

25299
Do not use this space.

1. PLACE OF DEATH

(a) County Carroll Registration District No. 135
(b) Township _____ Primary Registration District No. 3010 Registered No. 84
(c) City Carrollton (d) Street No. Scoville Hospital 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
Ronald French Thomas
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
Still-born

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. L
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carrollton Mo

FATHER 13. NAME French Thomas

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LeCompton Mo

MOTHER 15. MAIDEN NAME Pearl Hillis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo South

17. INFORMANT (ADDRESS) French Thomas Carrollton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Bury DATE July 14 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Stamper Carrollton Mo

20. FILED 7-14-39 With Haskins Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) unknown 19

22. I HEREBY CERTIFY, That I attended deceased from 7-13-39, 19, to 7-13-39, 19. I last saw h. alive on _____, 19. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Premature separation of placenta Date of onset

Other contributory causes of importance:

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) A. B. Deaver, M. D.
_____ (Address) Carrollton, 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.

FEDERAL BUREAU OF INVESTIGATION
DEPARTMENT OF JUSTICE
WASHINGTON, D. C. 20535

RECEIVED
District Health Officer No. 8,
District File Number
8/27/39
to Filed

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.....

Licensed Embalmer No.....

P. O. Address.....

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.