

Registration District No. 274

Primary Registration District No. 4465

Registrar's No. 940

1. PLACE OF DEATH:

(a) County St. Francois  
(b) City or town Flat River Mo  
(c) Name of hospital or institution: \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 43 years (Specify whether)  
years, months or days \_\_\_\_\_

3. (a) PRINT FULL NAME HARVEY CLAY THOMASSON

3. (b) If veteran, name war World War 3. (c) Social Security No. 492-03-9466

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Retta Thomasson 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased Sept 25 1895  
(Month) (Day) (Year)

8. AGE: Years 44 Months 6 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Machinist

11. Industry or business St. Joseph Lead Co

12. Name Harvey Thomasson

13. Birthplace St. Francois Co Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Eva Claywell

15. Birthplace St. Francois Co Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Retta Thomasson

(b) Address Flat River Mo.

17. (a) Burial (b) Date thereof March 25 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Francois Memorial Park

18. (a) Signature of funeral director Bertram and Co

(b) Address 313 Benjamin St Cape Girardeau Mo

19. (a) 3-25-40 (b) B B Connor  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Flat River  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22nd  
year 1940 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 1,  
1940, to March 23, 1940;  
that I last saw h. l. m. alive on Mar 23, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration \_\_\_\_\_

Due to arterio sclerosis

Due to 94 1/2

Other conditions (include pregnancy within 3 months of death)

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? \_\_\_\_\_

(e) While at work? \_\_\_\_\_ (Specify type of place)

(f) Means of injury \_\_\_\_\_

23. Signature C. H. Appleberry (M. D. or other) MD

Address Flat River Mo Date signed 3-25-40

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

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.

100-61330-1 X1511

10 1945

**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 Bonnie Street 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, above space should be left blank.**