

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14416
Registrar's No. 101

MAY 13 1940 89
Registration District No.

Primary Registration District No. 3007

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff, Mo.
(c) Name of hospital or institution: Poplar Bluff Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day
(Specify whether years, months or days)

3. (a) PRINT FULL NAME John W Thomas
3. (b) If veteran, name war. _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Laura 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 29, 1868
(Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Clay Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Watchman

11. Industry or business _____

12. Name Oleander Thomas
13. Birthplace Kentucky (City, town, or county) (State or foreign country)

14. Maiden name Mary Eaton
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Barlow Thomas
(b) Address Chaonia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 9, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Myron, Ark.

18. (a) Signature of funeral director Greer-Croy Service
(b) Address Poplar Bluff, Mo.

19. (a) 4/8/40 (Date received local registrar) (b) Obstetinger (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Wayne
(c) City or town Chaonia (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 7 year 1940 hour 10:20 minute _____ A. M.

21. I hereby certify that I attended the deceased from 4-6-, 1940 to 4-7-, 1940; that I last saw him alive on 4-7-, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
Exposure to Bronchopneumonia

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 1078

Major findings: Of operations none
Of autopsy none

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature W. K. Kumbrow (M. D. or other) _____
Address Poplar Bluff, Mo. Date signed 4-5-40

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should give 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.....

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.