. No. 2
-11-10-39
5-17-39
I-X21492

72

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22374

JUL 15 1940

Registration District No. 604 Primary Registration District No. 5802 Registrar's No.

1. PLACE OF DEATH:
(a) County New Madrid New Madrid
(b) ~~City or town~~ Rural Route 2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County New Madrid
(c) City or town Rural R. 2
(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.

3. (a) PRINT FULL NAME Morris Thomas 52A
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race Col
6. (a) Single, widowed, married, divorced —
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 15 (Day) 1940 (Year)
8. AGE: Years | Months | Days 12 | If less than one day hr. min.
9. Birthplace New Madrid Mo (City, town, or county) R 2 O (State or foreign country)
10. Usual occupation 1
11. Industry or business
MOTHER FATHER
12. Name Percy Thomas 1
13. Birthplace (City, town, or county) Ala. (State or foreign country)
14. Maiden name Betty Hunt
15. Birthplace (City, town, or county) Ark (State or foreign country)
16. (a) Informant Percy Thomas
(b) Address New Madrid Mo R 2
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof May 27-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Crowell Mo
18. (a) Signature of funeral director None
(b) Address
19. (a) 5/31/40 (Date received local registrar) (b) Wm O Bannon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27 year 1940 hour minute M.
21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw h alive on , 19; and that death occurred on the date and hour stated above.

Immediate cause of death No medical attention from history — weakness — poor circulation — cardiac failure ~~Due to~~ Under dete

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature J A Richards Jr (~~M. D.~~ or Coroner other)
Address New Madrid Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 2,
District File Number 640-1167
Date Filed 6/29/40

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 wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.