DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

23104

State File No.

Registration District No. FEB 15 1940 Primary Registration District No. 6198 Registrar's No. 10

1. PLACE OF DEATH:
(a) County: Webster
(b) City or town: Marshfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: rural - Ozark township.
(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: Life

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

3. (a) PRINT FULL NAME: Joan Aileen Thomas

3. (b) If veteran, name war: X

3. (c) Social Security No.: X

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife: X

6. (c) Age of husband or wife if alive: X years

7. Birth date of deceased: May (Month) 29 (Day) 1934 (Year)

8. AGE: Years 5 Months 8 Days 2 If less than one day hr. min.

9. Birthplace: Webster Co., (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Child

11. Industry or business: X

FATHER
12. Name: Lester Thomas
13. Birthplace: Greene Co., (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Stella Meyers
15. Birthplace: Webster Co., (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature: Stella Thomas
(b) Address: Marshfield, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 1, 1940 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~: St. Luke

18. (a) Signature of funeral director: Cec Carney
(b) Address: Marshfield, Missouri

19. (a) April - 24 - 40 (Date received local registrar) (b) Elizabeth Hughes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 31 year 1940 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from Oct. 1934, 19..., to No record, 19...; that I last saw her alive on No record, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Unknown Natural Causes	Since birth
Due to This child was defective from birth - Mongoloid type - always	
Due to dependent. Had frequent nutritional disturbances. No mind	2 yr
Other conditions (Include pregnancy within 3 months of death) Apparently blind - Never talked. Led a vegetative existence	X

Major findings: Of operations: Not considered a birth injury condition. Probably glandular but did not respond to treatment.
Of autopsy: No

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): No
(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: C P Macdonnell (M. D. or other) M.D.
Address: Marshfield, Mo. Date signed 1/31/40

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 6,
District File Number 640-1437
Date Filed JUN 20 1940

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 Rex Lainey

Licensed Embalmer No. 3312

P. O. Address Marshfield Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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