No. 2
4-13-40
-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 13 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27852

Registration District No. 34 Primary Registration District No. 6239 Registrar's No. 11

1. PLACE OF DEATH:
(a) County Barry
(b) City or town Rural Exeter Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(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 Missouri (b) County Barry
(c) City or town Rural Exeter Twp.
(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 Joseph Edgar Thomas 521
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma Thomas
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased ~~August 28, 1940~~ March 1-18 (Month) 91 (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
49	5	27	hr. min.

9. Birthplace Monett (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name James M. Thomas
13. Birthplace Louisville, (City, town, or county) Kentucky. (State or foreign country)
MOTHER 14. Maiden name Nancy A. Kissee
15. Birthplace Lone Oak, (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mat Thomas
(b) Address Monett, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 30, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation I. O. O. F. Cemetery
18. (a) Signature of funeral director Calloway
(b) Address Monett Mo
19. (a) Aug. 30 1940 (Date received by local registrar) (b) Mrs. H. P. Searey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 28 year 1940 hour 11 minute 45 P. M.
21. I hereby certify that I attended the deceased from Aug 25, 1940, to Aug. 28, 1940 that I last saw him alive on Aug 28, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia — Duration
Influenza
Due to
Due to
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? (Specify type of place)
(e) While at work? (f) Means of injury

23. Signature Glenn N. Dalyer (M. D. or other)
Address Cassville, Mo. Date signed 10-30-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number 940-3557
Date Filed SEP 9 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 J. W. Buchanan, Registered Apprentice No. ..... working under my personal supervision.

Signed J. W. Buchanan

Licensed Embalmer No. 3179

P. O. Address Mosiett

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

If this body is not embalmed, fact should be so stated above.