

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 28682

Registration District No. 385

Primary Registration District No. 5536

Registrar's No.

1. PLACE OF DEATH:

(a) County Howell  
(b) City or town RURAL, Willow Springs Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Rural Route 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution No  
(Specify whether  
In this community Sixteen years  
years, months or days)

8. (a) PRINT FULL NAME WILLIAM WALLACE THOMAS  
8. (b) If veteran, name war No.  
3. (c) Social Security No. No.

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mildred Groves Thomas  
6. (c) Age of husband or wife if alive 19 years  
7. Birth date of deceased September 26, 1917  
(Month) (Day) (Year)

8. AGE: Years 22 Months 11 Days 3  
If less than one day  
hr. min.

9. Birthplace Norwood, Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name B. F. Thomas  
13. Birthplace Wright Co., Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Nancy Crawford  
15. Birthplace Wright Co., Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. B. F. Thomas  
(b) Address Willow Springs, Mo. (Rural)  
17. (a) Burial (b) Date thereof 9 3 40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Norwood Cemetary

18. (a) Signature of funeral director D. R. Burns  
(b) Address Willow Springs, Mo.  
19. (a) 9-1-40 (b) Dorothy Ferguson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell  
(c) City or town RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. Willow Springs, Mo. Rt. 2  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 29  
year 1940 hour 6: minute 45 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
SUICIDE  
Due to Shot with 12 ga., single gun, above heart.

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Suicide  
(b) Date of occurrence Aug. 29, 1940 (Mo. \_\_\_\_\_)  
(c) Where did injury occur? Wil. Sogs. Twp. Howell  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
45 Farm Home

While at work? NO (Specify type of place)  
(e) Means of injury Gun shot  
23. Signature Mayme C. Hornburg Coroner  
(M. D. or other) \_\_\_\_\_  
Address West Plains, Mo. Date signed 8/31/40

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

6

RECEIVED

District Health Officer No. 5,

District File Number 940944

Date Filed \_\_\_\_\_

---

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 D. R. Burns

Licensed Embalmer No. 1847

P. O. Address Willow Springs, 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.