No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42023

Registration District No. 704 | Primary Registration District No. 3008 | Registrar's No. 351

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

1. PLACE OF DEATH:
(a) County: Callaway
(b) City or town: Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mo 11 days (Specify whether years, months or days)
In this community 3

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: —
(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3052 Cass ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: GEORGE THOMAS
3. (b) If veteran, name war: OK
3. (c) Social Security No. 489-10-1071
4. Sex: Male
5. Color or race: Colored
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Myrtle M. Thomas
6. (c) Age of husband or wife if alive: 37 years
7. Birth date of deceased: April (Month) 22 (Day) 1884 (Year)

8. AGE: Years 56 | Months 8 | Days 6 | If less than one day ___ hr. ___ min.

9. Birthplace: St. Louis, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business: Bendix Thomas
FATHER
12. Name: Bendix Thomas
13. Birthplace: Memphis Tenn. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Lucy Williams
15. Birthplace: Louisville Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant: Myrtle Thomas
(b) Address: 3052 Cass Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 3 - 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Washington Park St Louis
18. (a) Signature of funeral director: Jos. H. Randle
(b) Address: 3133 Bell ave
19. (a) 1-7-41 (Date received by registrar) (b) R. N. Crews (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28 year 1940 hour 3 minute 30 P.M.
21. I hereby certify that I attended the deceased from Sept 17, 1940, to Dec 28, 1940, that I last saw him alive on Dec 28, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia, bilateral	2 days
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Generalized arteriosclerosis	2

Major findings:
Of operations:
Of autopsy: See above

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: John J. Blackmore (M. D. or other)
Address: Fulton, Mo Date signed 1/2/41

(Licensed Embalmer's Statement on Reverse Side)

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, fact should be so stated above.