

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.

JAN 20 1941
Registration District No. **508**

Primary Registration District No. **3026**

1. PLACE OF DEATH:
 (a) County Livingston
 (b) City or town Chillicothe
 (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
 In this community 10 yrs
 years, months or days) 2

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Livingston
 (c) City or town Chillicothe
 (If outside city or town limits, write "RURAL")
 (d) Street No. 321 Dickinson St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. — years

3. (a) PRINT FULL NAME Harvey Park Thomas
3. (b) If veteran, name war — **3. (c) Social Security** No. 490-10-4508

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 22
 year 1940 hour 10 minute 30 P.M.
21. I hereby certify that I attended the deceased from Dec 22 - 50th, 1940, to Dec 22 - 7-30 P.M. 1940
 that I last saw him alive on Dec 22, 1940
 and that death occurred on the date and hour stated above.

4. Sex Male **5. Color or race** White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bertha May Thomas
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased Feb. 9 1899
 (Month) (Day) (Year)

Immediate cause of death Uraemia **Duration** 5 Weeks
Toxaemia

8. AGE: Years Months Days If less than one day
57 10 13 — hr. — min.

Due to Chronic Nephritis
 Due to —
 Other conditions 12/1
 (Include pregnancy within 3 months of death)

9. Birthplace Louisiana Mo.
 (City, town, or county) (State or foreign country)
10. Usual occupation Contractor
11. Industry or business —
MOTHER FATHER
12. Name Thomas Jefferson Thomas
13. Birthplace Ohio
 (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations —
 Of autopsy —
PHYSICIAN
 Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Bertha Mae Thomas
(b) Address Chillicothe, Mo.
17. (a) Burial — **(b) Date thereof** Dec 24 '40
 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Chillicothe, Mo.
18. (a) Signature of funeral director James D. Gordon
(b) Address Chillicothe, Mo.
19. (a) 12-24-40 **(b) H. W. Wraae, M.D.**
 (Date received local registrar) (Registrar's signature)

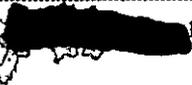
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 943
 (Specify type of place) — (e) Means of injury —
23. Signature H. W. Wraae, M.D. (M. D. or other)
Address Chillicothe, Mo. **Date signed** 12-23-40

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.....

Donald J. Gordon

....., Registered Apprentice No.....

working  supervision.

Signed *James D. Gordon*.....

Licensed Embalmer No. *1870*

P. O. Address *Chillicothe, 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.