No. 2
11-10-39
5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

44044

State File No.

Registrar's No.

Registrar's District No. 1074 Primary Registration District No. 6072

FILED JAN 25 1941

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

1. PLACE OF DEATH:
(a) County Shannon
(b) City or town Birch Tree Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None Bad [illegible]
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community ✓ years, months or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Shannon
(c) City or town Birch Tree Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME Houston Thomas.
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband or~~ wife Eva Thomas.
6. (c) Age of ~~husband or~~ wife if alive 53 years
7. Birth date of deceased Dec (Month) 27 (Day) 1877 (Year)

8. AGE: Years 63 Months — Days 3 If less than one day hr. min.

9. Birthplace Shannon (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer 0
11. Industry or business ✓ 9
FATHER
12. Name Nick Thomas. 0
13. Birthplace Not Known (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Weaver
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Lester Thomas.
(b) Address Kansas City Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 31-40 (Month) (Day) (Year)
(c) Place burial or cremation Turkey Oak Cem
18. (a) Signature of funeral director J F Amman
(b) Address Mountain View Mo
19. (a) 12-31-40 (Date received local registrar) (b) Frank Hyde MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30 year 1940 hour 4 minute 15 P. M.
21. I hereby certify that I attended the deceased from Dec 1-39 ~~Dec 20~~, 19~~39~~ to Dec 30, 1940
that I last saw him alive on Dec 30, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	3 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93 C

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)
While at work? (e) Means of injury
7 44

23. Signature R. L. Davis (M. D. ~~or other~~)
Address Birch Tree Mo Date signed 12/31/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 141109
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 John F. Amman

Licensed Embalmer No. 2516.

P. O. Address Mt Vieu 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.