

No. 2
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FEB 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1972

State File No. _____

Registration District No. 93

Primary Registration District No. 4055

Registrar's No. 3

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

1. PLACE OF DEATH: Caldwell,
 (a) County Braymer,
 (b) City or town
 (c) Name of hospital or institution City of Braymer, /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 50-years or more,
 years, months or days)

3. (a) PRINT FULL NAME Stephen Thomas,
 (b) If veteran, name war Civil War, (c) Social Security No. ✓

4. Sex Male, 5. Color, or race White, 6. (a) Single, widowed, married, divorced, Widowed,
 (b) Name of husband or wife Harriet Thomas, (c) Age of husband or wife if alive deceased years
 7. Birth date of deceased Dec.-7th., -1841
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>99</u>	<u>1</u>	<u>19</u>	_____ hr. _____ min.

9. Birthplace Bynumville, Missouri.
 (City, town, or county) (State or foreign country)

10. Usual occupation Wood Worker, -Carriage Repa

11. Industry or business Wood worker,

12. Name Ira Thomas,

13. Birthplace Not known,
 (City, town, or county) (State or foreign country)

14. Maiden name Not known,

15. Birthplace Not known,
 (City, town, or county) (State or foreign country)

16. (a) Informant Miss Belle Thomas

(b) Address Braymer, Mo.

17. (a) Burial (b) Date thereof Jan. 29 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evergreen Cemetery,

18. (a) Signature of funeral director E. P. Michael

(b) Address Braymer, Mo.

19. (a) Jan 29-41 (b) H. H. Peterson
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri, (b) County Caldwell,
 (c) City or town Braymer, Mo.,
 (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.? U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January, day 26
 year 1941 hour 5 AM minute 30 M.
 21. I hereby certify that I attended the deceased from January 14th, 1941, to Jan 26, 1941
 that I last saw him alive on Jan 26, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Arteria - Decompensation
 Duration _____

Due to _____

Due to Influenza
of
type
of
type
of
type

Other conditions None
 (Include pregnancy within 3 months of death)

Major findings: None
 Of operations _____

Of autopsy None

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) None

(b) Date of occurrence None

(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? None
 _____ (Specify type of place) _____

While at work? _____ (e) Means of injury None

23. Signature Edward B Bradley (M. D. or other) ✓
 Address Braymer, Mo. Date signed Jan 28-41

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

E. P. Michael

Licensed Embalmer No. 1363

P. O. Address Braymer, Mo.,

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

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