

1-10-39
17-39
X21492

FILED MAR 17 1941

Registration District No. **720**

Primary Registration District No. **3022**

Registrar's No. **10**

1. PLACE OF DEATH:
 (a) County Jefferson
 (b) City or town DeSoto
 (c) Name of hospital or institution: 516 Cedar /
 (If outside city or town limits, write "RURAL" and name of township)
 (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 43 years
 years, months or days)

8. (a) PRINT FULL NAME Minnie Thomas
8. (b) If veteran, name war No
8. (c) Social Security No. No

4. Sex female
5. Color or race Negro
6. (a) Single, widowed, married, divorced, widowed 2 divorced
6. (b) Name of husband or wife Benjamin Thomas
6. (c) Age of husband or wife if alive 1869 years
7. Birth date of deceased Nov. 18, 1869
 (Month) (Day) (Year)

8. AGE:
 Years 71 ✓ Months 1 Days 28
 If less than one day
 hr. min.

9. Birthplace Coffman Mo
 (City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business
12. Name R. Ward
13. Birthplace Not known
 (City, town, or county) (State or foreign country)
14. Maiden name " " "
15. Birthplace " " "
 (City, town, or county) (State or foreign country)

16. (a) Informant Joseph Sides
(b) Address 516 Cedar DeSoto Mo
17. (a) Burial (b) Date thereof Jan. 18 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation DeSoto, Mo.
18. (a) Signature of funeral director Lee Mothershead
(b) Address DeSoto, Mo.
19. (a) 3-5-41 (b) Jessie James
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jefferson **50**
 (c) City or town DeSoto **2**
 (If outside city or town limits, write "RURAL")
 (d) Street No. 516 Cedar
 (If rural, give location) **0**
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 16
 year 1941 hour 8 minute 45 A. M.
21. I hereby certify that I attended the deceased from about
Jan. 1 1938 to Jan 16 1941;
 that I last saw him alive on Jan 16 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Mild respiratory
of heart
Due to not known not known
Duration
Other conditions none
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____
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?
381
 While at work _____ (Specify work place)
 (M. D. or other) _____
23. Signature Chas. E. Johnson (M. D. or other) _____
Address DeSoto Mo **Date signed** 1-17-41

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

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 *J. P. M. O'Connell*
Licensed Embalmer No. 3531
P. O. Address *2100 2000*

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7317

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 420

Primary Registration District No. 3027

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Desoto
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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.? _____ years.

3. (a) PRINT FULL NAME Minnie Thomas

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race negro 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased, Nov 18 1869
(Month) (Day) (Year)

8. AGE: Years 71 Months 1 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____ (b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) 3-5-1944 (b) Geneva Donnell
(Date received local registrar) (Registrar's signature)

NEUROLOGICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16
year _____ hour _____ minute _____ M.

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

Immediate cause of death _____
Due to _____
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) _____
(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? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature Walter E. Gibson M. D. or other) _____
Address Desoto no. Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

SUPPLEMENTAL COPY

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

