No. 2
11-10-39
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 14 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14675

Registration District No. 351 Primary Registration District No. 4208 Registrar's No. 10

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Deepwater, Mo.
(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 1 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry
(c) City or town Fairview
(If outside city or town limits write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? American years.

3. (a) PRINT FULL NAME Vernon Lee Thomas.

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

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 23 (Day) 1941 (Year)

8. AGE: Years | Months | Days | If less than one day 7 hr. min.

9. Birthplace Deepwater (City, town, or county) Missouri (State or foreign country)
10. Usual occupation None
11. Industry or business
FATHER
12. Name Hubert Lee Thomas
13. Birthplace Deepwater (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Helena Sanders
15. Birthplace Deepwater (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Hubert L Thomas.
(b) Address Deepwater, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-24-1941 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Deepwater Cem.
18. (a) Signature of funeral director Tom Hurst
(b) Address Deepwater Mo
19. (a) 4/24/41 (Date received local registrar) (b) J J Russell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 24 year 1941 hour 6 minute a M.
21. I hereby certify that I attended the deceased from 4-23, 1941, to 4-24, 1941; that I last saw him alive on 4-23, 1941; and that death occurred on the date and hour stated above.

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

157 D

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? 315 (Specify type of place)
While at work? (e) Means of injury
23. Signature Ed. C Peelor (M. D. or other) MD
Address Clinton Mo Date signed 4/24/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File No. 5-41-871
Date Filed 5-13-41

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.....

Licensed Embalmer No.....

P. O. Address.....

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.