

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 209

1. PLACE OF DEATH: Callaway
 (a) County Fulton
 (b) City or town Callaway
 (c) Name of hospital or institution: State Hospital #12
 (d) Length of stay: In hospital or institution March 8, 1940
 In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Scotland
 (c) City or town Memphis
 (d) Street No. 1
 (e) If foreign born, how long in U. S. A.? 49 years

3. (a) PRINT FULL NAME Herman Thoman
 (b) If veteran, name war D.K.
 (c) Social Security No. D.K.

20. DATE OF DEATH: Month Aug day first
 year 1941 hour 110 minute P. M.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Cynthia Thoman 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased D.K.

21. I hereby certify that I attended the deceased from July 20th 1941 to August 1st 1941
 that I last saw him alive on August 1st 1941
 and that death occurred on the date and hour stated above.
 Immediate cause of death chronic myocarditis

8. AGE: Years 68 Months ap Days hr. min. min.
 9. Birthplace Hamburg Germany

Due to 930
 Other conditions Generalized arterio-sclerosis & hypertension

10. Usual occupation Laborer
 11. Industry or business D.K.
 12. Name D.K.
 13. Birthplace D.K.
 14. Maiden name D.K.
 15. Birthplace D.K.

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

16. (a) Informant Hospital records
 (b) Address Fulton, Mo.
 17. (a) Removal (b) Date thereof Aug 2, 1941
 (c) Place: burial or cremation Memphis
 18. (a) Signature of funeral director Gertie Baskett
 (b) Address Memphis Mo.
 19. (a) Aug 2, 1941 (b) R. N. Crew
 (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) While at work?
 (b) Date of occurrence While at work?
 (c) Where did injury occur? While at work?
 (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 While at work?
 23. Signature E. H. Rizzo (M. D. or other) D
 Address State Hospital Date signed 10/6

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.....

Albert C. Lent

Licensed Embalmer No.

3689

P. O. Address.....

Memphis

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

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