

No. 2
1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34138**

FILLED NOV 17 1941

Registration District No.

Primary Registration District No. 1

Registrar's No. 293

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
815 East Harrison Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community seventy-one yr.
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
(c) City or town Kirksville
(If outside city or town limits, write "RURAL")
(d) Street No. 815 East Harrison
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5th
year 1941 hour 4:00 minute 6 M.
21. I hereby certify that I attended the deceased from 9-1-38
1938 to 5-5-41 1941
that I last saw him alive on 5-4- 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Due to arterial hypertension
Cardiac
Due to

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations g3a
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 R P Ellis (M. D. or other)
Address Kirksville Mo Date signed 5-12-41

3. (a) PRINT FULL NAME Eugene Dawson Thomas
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Avious Thomas
6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased June 12 1869
(Month) (Day) (Year)

8. AGE: Years 71 Months 10 Days 23
If less than one day ..hr. ..min.

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

10. Usual occupation Merchant

11. Industry or business Jewelry Store

12. Name Forrest Thomas

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

14. Maiden name Elizabeth Gardner

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

16. (a) Informant Avious Thomas

(b) Address 815 East Harrison St.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof May 7- 1941
(Month) (Day) (Year)

(c) Place: burial or cremation Forrest Cent.

18. (a) Signature of funeral director ordley
(b) Address Kirksville Mo.

19. (a) Oct 20/41 (Date received local registrar) (b) Spencer L. Freeman (Registrar's signature)

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

RECEIVED

District Health Officer No. 10

District File Number 11-41-2008

Date Filed NOV 13 1941

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.....

D. W. Riley

Licensed Embalmer No. 4181

P. O. Address Kirksville 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, fact should be so stated above.