

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH

FILED NOV 19 1941

STANDARD CERTIFICATE OF DEATH

State File No. 36423

Registration District No. 2-0-3

Primary Registration District No. 6213

Registrar's No.

1. PLACE OF DEATH:

(a) County North
(b) City or town Rural - Middlefork Twp
(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 Life years, months or days

3. (a) PRINT FULL NAME JOHN EDWARD THOMAS

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

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Minnie Iva Thomas 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov 26 1881 (Month) (Day) (Year)

8. AGE: Years 60 Months 2 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Grant city (City, town, or county) MO. (State or foreign country)

10. Usual occupation farmer

11. Industry or business farmer

12. Name Joseph Thomas

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

14. Maiden name Carrie Petchell

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

16. (a) Informant Minnie Iva Thomas

(b) Address Grant city MO.

17. (a) Burial (b) Date thereof 10-31-41 (Month) (Day) (Year)

(c) Place: burial or cremation Petchell Cem.

18. (a) Signature of funeral director Arch C. Dumble

(b) Address Grant city MO.

19. (a) Nov 9 1941 (b) Chas. H. Hays (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County North
(c) City or town Rural - Middlefork Twp (If outside city or town limits, write "RURAL")
(d) Street No. Grant city (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 30 year 1941 hour 1:00 minute 30 M.

21. I hereby certify that I attended the deceased from Oct 18 1941 to Oct 30 1941; that I last saw him alive on Oct 29 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Paresis Duration 1 yr.

Due to _____

Due to _____

Other conditions ✓ (Include pregnancy within 3 months of death)

Major findings: ✓ Of operations 468

Of autopsy none

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) (a) Means of injury ✓

23. Signature E. H. Hays MD (M. D. or other)

Address Grant city MO Date signed Nov 14 1941

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

100 (Licensed Embalmer's Statement on Reverse Side)

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 Arch C. Dumble

Licensed Embalmer No. 3252

P. O. Address Grant City, 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.