No. 2
2-4-41
9
5390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3174

Registration District No. 66-8667 Primary Registration District No. 5888 Registrar's No. 46

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

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Route 2, Knobnoster (rural)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: three miles west of Lamonte
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community forty years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 80

(a) State Missouri (b) County Pettis

(c) City or town Rt. 2, Knobnoster,
(If outside city or town limits, write "RURAL")

(d) Street No. three miles west of Lamonte
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME James R. 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 widowed

6. (b) Name of husband or wife Elizabeth Thomas

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased November 24, 1867
(Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 4 If less than one day ..... hr. ..... min.

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

10. Usual occupation Retired farmer

11. Industry or business .....

FATHER
12. Name Marion F. Thomas
13. Birthplace unknown Iowa
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Parthenia Hess
15. Birthplace unknown, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Elsie Thomas (dau)
(b) Address Creighton, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 29, 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Bethlehem Cemetery (Morgan County)

18. (a) Signature of funeral director [signature]
(b) Address Sedalia, Missouri

19. (a) 1-29-42 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 28
year 1942 hour 9:45 minute A. M.

21. I hereby certify that I attended the deceased from Sept 1, 1941, to Jan 28, 1942
that I last saw him alive on Jan 28, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death (1) Pulmonary Abscess

Due to .....

Due to .....

Other conditions (2) Chr. Valvular Disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

Duration

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

23. Signature G. W. Gray (M. D. or other) M D
Address Knobnoster Mo Date signed Jan 28 1942

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 2-10-42

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 John E. Myers
Licensed Embalmer No. 3220
P. O. Address Sedalia, Mo

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

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

S. No. 2B
M—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3174

Registration District No. 667 Primary Registration District No. 5888 Registrar's No.

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

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Rural
(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) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME James R. Thomas

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov. (Month) 24 (Day) 1867 (Year)

8. AGE: Years 74 Months 2 Days 5 If less than one day or min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

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

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28
year 1942 hour minute M.

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

Immediate cause of death — Duration

Pulmonary Abscess

Due to It was not tuberculous

Due to Some possibility of malignancy

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

47d

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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work (c) Means of injury

23. Signature G.W. Grove (M. D. or other) 47d
Address Trob Kosten Mo Date signed Mar 4