

FILED JUN 12 1947

State File No.

Registration District No. 371

Primary Registration District No. 5785

Registrar's No. 19

1. PLACE OF DEATH:

(a) County: Monroe  
(b) City or town: Dumas Bridge  
(c) Name of hospital or institution: Woodlawn Sup  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: all his life  
In this community: all his life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Monroe  
(c) City or town: Dumas Bridge  
(If outside city or town limits, write "RURAL")  
(d) Street No.: \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME

Thomas Edward

3. (b) If veteran, name war: \_\_\_\_\_

3. (c) Social Security No.: \_\_\_\_\_

4. Sex: male 5. Color or race: wh 6. (a) Single, widowed, married, divorced: 9

6. (b) Name of husband or wife: Deceased 6. (c) Age of husband or wife if alive: \_\_\_\_\_ years

7. Birth date of deceased: Dec - 15 - 1864  
(Month) (Day) (Year)

8. AGE: Years: 77 Months: 3 Days: 24 If less than one day: \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation: farmer

11. Industry or business: \_\_\_\_\_

MOTHER FATHER

12. Name: Wm. D. Couglet

13. Birthplace: Dumas (City, town, or county) \_\_\_\_\_ (State or foreign country)

14. Maiden name: Martha Jackson

15. Birthplace: \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant: Charles Overfelt

(b) Address: less hwy Mo

17. (a) Burial (b) Date thereof: 4-16-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Leasburg

18. (a) Signature of funeral director: G. W. Hopper

(b) Address: Leasburg Mo

19. (a) 5-9-1947 (b) Otto S. Haselberg  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: April day: 12 year: 1947 hour: 7 minute: 30 P.M.

21. I hereby certify that I attended the deceased from: Feb 22 1942 to: April 11 1947  
that I last saw him alive on: April 10 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Apoplexy Duration: 1 hour

Due to: Hypertension 10 yrs

Due to: \_\_\_\_\_  
Other conditions: \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature: O. J. Halar (M.D. or other) MD  
Address: Clarence Mo Date signed: 5-8-47

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

9  
0  
0

RECEIVED

District Health Officer No. 10

District File Number 6-92-7269

Date Filed Jan - 9 1947

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. 4160

P. O. Address Blawie, Md.

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.