

FILED JUL 13 1942

Registration District No. **329**

Primary Registration District No. **5455**

40
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Grundy

(b) City or town Laredo Rural Wilson
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 Trip
(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 time years, months or days

3. (a) PRINT FULL NAME WILLIAM F THOMAS

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Jan 29 1871
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>4</u>	<u>12</u>	hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Christopher C. Thomas

13. Birthplace Howard Co., Mo. (City, town, or county) (State or foreign country)

14. Maiden name Herminda Hancock

15. Birthplace Howard Co., Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mamie Bell

(b) Address Pleasanton, Kans

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 13, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Alpha Cem.

18. (a) Signature of funeral director E. P. Robertson

(b) Address Laredo, Mo.

19. (a) June 13, 1942 (Date received local registrar) (b) Nada W. Hoffmann (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy 40

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

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? No 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
year 1942 hour 12:20 minute _____ M.

21. I hereby certify that I attended the deceased from May 16 1942 to June 11 1942
that I last saw him alive on June 11 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Chronic interstitial nephritis

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

12/10

Duration 3 days

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 0

23. Signature E. P. Robertson (M. D. or other) _____

Address Pleasanton, Mo. Date signed 6/13/42

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..... *E. J. Robertson*

Licensed Embalmer No. *2468*

P. O. Address..... *Fairfax, 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, above space should be left blank.