

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town R.I.E.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4102 E 9th 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 18 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town R.I.E.
(If outside city or town limits, write "RURAL")
(d) Street No. 4102 E 9th
(If rural, give location) _____
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Clarence Thomas

3. (b) If veteran, No. name war _____
3. (c) Social Security No. none

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, 0
divorced S

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

7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years 44 Months _____ Days _____ If less than one day
hr. _____ min. _____

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

10. Usual occupation operator of restaurant

11. Industry or business _____

12. Name James Riley Thomas

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

14. Maiden name Edna Mack

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

16. (a) Informant Mrs. Leland Tizzard

(b) Address Mt. Pleasant Mo.

17. (a) Removal (b) Date thereof 8/11/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Princeton Mo.

18. (a) Signature of funeral director A. Debbits

(b) Address 901 E 5th

19. (a) 8/11/42 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

364 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 10
year 1942 hour 12:40 minute 02 M.

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

Immediate cause of death Coronary occlusion,
Chronic myocardial infarction,
Acute pulmonary edema

Due to _____

Due to _____

Other conditions _____

Major findings: _____
Of operations _____

Of autopsy See above

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 [Signature] (M. D. or other) _____

Address C. C. [Signature] Date signed 8/11/42

Duration _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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.....

Roy E Snow

Licensed Embalmer No.....

2560

P. O. Address.....

R C M

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.