

FILED AUG 19 1943

Registration District No. **3.16**

Primary Registration District No. **6.075**

Registrar's No. **85**

94
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0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **St. Francois**

(b) City or town **Near Farmington**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **State Hospital No. 42**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 yrs 8 mo. 25 da**
(Specify whether years, months or days)

In this community **0**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Iron**

(c) City or town **Belleview**
(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 **0**

3. (a) PRINT FULL NAME **Alexander 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 **Married**

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

7. Birth date of deceased **August 30 1867**
(Month) (Day) (Year)

8. AGE: Years **74** Months **9** Days **22** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Farming**

11. Industry or business _____

MOTHER, FATHER { 12. Name **William Thomas**

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

14. Maiden name **Carrie Diggs**

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

16. (a) Informant **Records of State Hospital No. 4**

(b) Address **Farmington, Mo.**

17. (a) **Burial** (b) Date thereof **6-25-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Acadia, Mo.**

18. (a) Signature of funeral director **Norman White & Sons**

(b) Address **A. J. White, Ironton, Mo.**

19. (a) **July 2, 1942** (b) **Byrdie Buhmester**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day **22**
year **1942** hour **9** minute **30** P.M.

21. I hereby certify that I attended the deceased from **12-23 1939** to **6-22 1942**
that I last saw him alive on **6-22 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **generalized arteriosclerosis, terminal exhaustion** **14 yrs**
(Duration)

Due to _____

Due to _____

Other conditions **Psychosis, senile** **6 yrs**
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: _____

Of operations _____

Of autopsy **97**

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 **Paul Fehick** (M. D. or other) **MD**
Farmington, Mo. Date signed **6-30-42**

RECEIVED

District Health Officer No. 4
District File Number 842-983
Date Filed 8-10-42

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 Ernest White
Licensed Embalmer No. 3012
P. O. Address San Antonio, Tex.

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.