

Registration District No. 89

Primary Registration District No. 5185

Registrar's No. 297

1. PLACE OF DEATH:

(a) County. Butler

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

(c) Name of hospital or institution: Homa + Oak Hill twp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community Most of Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State. mo. (b) County Butler

(c) City or town. Quincy "Rural"
(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 John H. 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 _____

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Feb. 13 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

86 6 29 hr. min.

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER

12. Name John Thomas

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

14. Maiden name W.K.

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

16. (a) Informant John Thomas

(b) Address Quincy Mo.

17. (a) Quincy Burial (b) Date thereof Sept 13-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Quincy

18. (a) Signature of funeral director Lander Funeral Home

(b) Address Campbell Mo.

19. (a) 9-16-42 (b) Bill Stinner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 12
year 1942 hour 2 minute _____ P. M.

21. I hereby certify that I attended the deceased from Sept 11 1942 to Sept 12 1942
that I last saw him alive on Sept 11 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 2 day

Due to _____

Due to _____

Other conditions 104
(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 Scott G. Coyle (M. D. or other) Address Quincy Mo. Date signed 9/15/42

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

12
00

RECEIVED

District Health Office No. 2,

District File Number

942-1206

Date Filed

9-21-42

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.....

Licensed Embalmer No.....

P. O. Address.....

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.