

REG. DIST. NO. 184

Primary Registration District No. 3008

Registrar's No. 116

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Bronfield
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Robert H. Thomas

8. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or Race White 6. (a) Single, [widowed, married, divorced] Divorced
6. (b) Name of husband or wife Adeline Thomas Deed 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased no 20 1857
(Month) (Day) (Year)

8. AGE: Years 84 Months 10 Days 7 If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business
12. Name Joseph Thomas
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Jane
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature C. R. Thomas

(b) Address 417 E. Canal St.

17. (a) Burial, cremation, or removal Burial (b) Date thereof Apr 29-42
(Month) (Day) (Year)

(c) Place: burial or cremation Russ Hill

18. (a) Signature of funeral director Hunter Rollins

(b) Address Bronfield

19. (a) 9-29-42 (b) W. H. Johnson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn
(c) City or town Bronfield
(If outside city or town limits, write "RURAL")
(d) Street No. 412 E - Canal
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27
year 1942 hour 3 AM minute — M.

21. I hereby certify that I attended the deceased from June, 1942 to Sept. 27, 1942
that I last saw him alive on Sept. 26, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death uremia acute 4 day
Due to interstitial nephritis 2 yrs
arteriosclerosis 10 yrs

Other conditions (include pregnancy within 3 months of death)

Major findings:
Of operations 12/10
Of autopsy

Duration

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) (a) Means of injury

23. Signature W. B. Simpson (M. D. or other) DO
Address Bronfield Mo Date signed 9/28/42

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

Form 1-1939

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 19 1904

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..... *L. W. Tallier*.....

Licensed Embalmer No. *1164*.....

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, above space should be left blank.