

S. No. 2
M-5-42
v. 5-17-39
X32873

34969

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 11 1942
Registration District No. 324

Primary Registration District No. 3072

Registrar's No. 156

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

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall, Mo. *city*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Fitzgibbons Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 hrs.
(Specify whether
In this community 3 hrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline
(c) City or town Shackelford, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Bobbie Lee Thomason

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 0

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

7. Birth date of deceased Oct. 20 1942
(Month) (Day) (Year)

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

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

10. Usual occupation Infant

11. Industry or business

12. Name Irvine L. Thomason

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

14. Maiden name Elizabeth G. Harrell

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

16. (a) Informant Irvine L. Thomason

(b) Address Shackelford, Mo.

17. (a) Burial (b) Date thereof Oct. 21, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Malt Bend, Mo.

18. (a) Signature of funeral director G. Fredie Murray

(b) Address Marshall, Mo.

19. (a) Oct. 21-42 (b) Mrs. T. O. Weather
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 20
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from Oct 21 1942 to Oct 20 1942
that I last saw him alive on Oct 20 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Atelectasis

Due to

Due to 161a

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

Major findings:
Of operations.....

Of autopsy.....

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 Marshall Date signed 10/25/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1215

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

Case File Number

Filed

11-10-42

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.....

J. Leslie Surrency

Licensed Embalmer No. 3235

P. O. Address. Marshall, Mo.

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.