

FILED DEC 14 1942
Registration District No. 1452

Primary Registration District No. 5162

State File No. _____

Registrar's No. 35

1. PLACE OF DEATH:
 (a) County Benton
 (b) City or town "Rural" Fristoe Twp.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 7 Days
years, months or days

2. USUAL RESIDENCE OF DECEASED: 999
 (a) State Colorado (b) County Ft. Larimer 5
 (c) City or town Edgewater
(If outside city or town limits, write "RURAL")
 (d) Street No. 2144 Harlan
(If rural, give location) 2
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Harvey G. Thomas
 3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month NOV. day 6
 year 1942 hour 12 minute 30 P. A. M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Maude Thomas 6. (c) Age of husband or wife if alive 59 years
 7. Birth date of deceased Nov. 1 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 1, 1942, to Nov. 5, 1942 that I last saw him alive on Nov. 5, 1942 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
74 0 5 hr. min.

Immediate cause of death
Ulceration of stomach plus perforation and nephritis Parenchymatous
 Due to _____

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name Samuel Thomas
 13. Birthplace Penn.
(City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Kimmel
 15. Birthplace Ohio
(City, town, or county) (State or foreign country)

Major findings: NO
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Olivia Thomas
 (b) Address Fristoe, Mo.

22. If death was due to external causes, fill in the following:

17. (a) Removal (b) Date thereof Nov 9 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

(c) Place: burial or cremation Denver, Colo.

(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? _____

18. (a) Signature of funeral director White-Reser
 (b) Address Warsaw, Mo.

While at work? _____
(Specify type of place) (c) Means of injury.

19. (a) 11/9/42 (b) Jas A. Logan
(Date received by local registrar) (Registrar's signature)

23. Signature J. W. Jack NOV 6 1942
(M. D. Registrar)
 Address Fristoe, Mo. Date signed 11/6-42

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

800

RECEIVED

District Health Officer No. 7;

District File Number 12-42-1297

Date Filed 12-8-42

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed.....

Licensed Embalmer No. 3053

P. O. Address Warsaw Hto.

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.