

S. No. 2
M-542
v. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21474

FILED JUL 9 1943
137

3023

Registrar's No. 115

Registration District No. 137

Primary Registration District No. 3023

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution Clinton General Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks
(Specify whether)

In this community all life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry

(c) City or town Clinton Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 527 E Grand Ave
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME THOMAS AIKMAN PHARIS

3. (b) If veteran, name war 0 3. (c) Social Security No. 0

4. Sex m 5. Color or race White 6. (a) Single, widowed, married, divorced Wid

6. (b) Name of husband or wife Selma 6. (c) Age of husband or wife if alive 0 years

7. Birth date of deceased Feb 11 1861
(Month) (Day) (Year)

8. AGE: Years 82 Months 4 Days 0 If less than one day 0 hr. 0 min.

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

10. Usual occupation Retired Grocer

11. Industry or business 0

12. Name John Pharis

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

14. Maiden name Martha Foster

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

16. (a) Informant Mrs J W Egger

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 6-13-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Consalus Reed

(b) Address Clinton Mo

19. (a) June 13, 1943 (b) Georgia Kitchen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
year 1943 hour 8 minute 0 A.M.

21. I hereby certify that I attended the deceased from 5-16
1943 to 6-11 1943;
that I last saw him alive on 6-11 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Duration 10 da

Due to urine & excreted 6 wks
prostate

Due to Fall at home 4 wks

Other conditions 1 flc
(Include pregnancy within 3 months of death)

PHYSICIAN 0

Major findings: 0
Of operations 0

Of autopsy 0

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) 0

(b) Date of occurrence 5-12-43

(c) Where did injury occur? Clinton Henry Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
his home

While at work? 0 (e) Means of injury 0

23. Signature Ed Walker (M. D. or other) M.D
Address Clinton Mo Date signed 6-12-43

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

MOTHER FATHER

RECEIVED
District Health Officer No. 7,
District File Number 6-43-631
Date Filed 7-8-43

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. E. Conzaler

Licensed Embalmer No. 1891

P. O. Address Clinton 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.