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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

LED JUL 10 1943

Registration District No. 179

Primary Registration District No. 5667

Registrar's No.

1. PLACE OF DEATH:

(a) County LINCOLN

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

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

In this community LIFE (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LINCOLN

(c) City or town TROY
(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 BENJIMAN P. THOMASSON

3. (b) If veteran, name war.....

3. (c) Social Security No.

MEDICAL ATTENDANCE

20. DATE OF DEATH: Month July day 12
year 1943 hour 5:30 minute A. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.

4. Sex MALE

5. Color or race White

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife PEARLIE THOMASSON

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

7. Birth date of deceased JULY 5 1863
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Duration

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

79 11 7 ..hr. ..min.

Due to.....

Due to.....

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

Other conditions (Include pregnancy within 3 months of death)

g40

10. Usual occupation FARMER

Major findings: Of operations.....

11. Industry or business OWN FARM

Of autopsy.....

12. Name ROBERT L. THOMASSON

PHYSICIAN

Underline the cause to which death should be charged statistically.

13. Birthplace UNKNOWN VIRGINIA
(City, town, or county) (State or foreign country)

14. Maiden name MARIA KELSEY

15. Birthplace UNKNOWN VIRGINIA
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Pearlie Thomasson

(b) Address Troy Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 12 1943
(Month) (Day) (Year)

(c) Place: burial or cremation old Alexandria Lincoln Co. Mo.

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

(b) Address Troy Mo.

19. (a) June 20 1943 (Date received local registrar) (b) Mrs. Fay Jackson (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) James

(b) Date of occurrence July 17 1943

(c) Where did injury occur? Troy (City or town) Lincoln (County) Mo (State)

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

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

23. Signature McKeay (M. D. or other) Coroner

Address Elstony Mo. Date signed 6/24/43

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

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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.....

Joseph J. Marsh

Licensed Embalmer No. *3932*.....

P. O. Address. *Ferry 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.