

22696

State File No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

JUL 6 1943  
Registration District No. 967

Primary Registration District No. 10246

1. PLACE OF DEATH:  
(a) County Washington  
(b) City or town Rural; Concord ~~Jump~~  
(c) Name of hospital or institution:  
1 mile South of Irondale  
(d) Length of stay: In hospital or institution 11 years  
In this community 11 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Washington  
(c) City or town Rural  
(d) Street No. 1 mile South of Irondale  
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME James Thoms  
3. (b) If veteran, name war no  
3. (c) Social Security No. 490-14-7408

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 6 day 17  
year 1943 hour 7 minute A.M.

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced, married  
6. (b) Name of husband or wife Mary Thoms  
6. (c) Age of husband or wife if alive 58 years  
7. Birth date of deceased November 11 1883

21. I hereby certify that I attended the deceased from 6-10 to 6-17 1943  
that I last saw him live on 6-17 1943  
and that death occurred on the date and hour stated above.

8. AGE: Years 59 Months 6 Days 29  
If less than one day hr. min.

Immediate cause of death myocarditis / 2 months  
Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace Franklin County Mo.  
10. Usual occupation stone mason

Other conditions (Include pregnancy within 3 months of death) 9321  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_

MOTHER FATHER { 11. Industry or business \_\_\_\_\_  
12. Name Henry Thoms  
13. Birthplace Germany  
14. Maiden name Julia Zumalt  
15. Birthplace St. Charles County Mo.

16. (a) Informant Mrs. Mary Thoms  
(b) Address Irondale Mo.  
17. (a) burial (b) Date thereof 6-20-43  
(c) Place: burial or cremation Irondale Mo.  
18. (a) Signature of funeral director Norman White & Sons  
(b) Address Irondale Mo.  
19. (a) \_\_\_\_\_ (b) Emory Yeager

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? \_\_\_\_\_  
(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 J. P. Yeager (M. Doctor) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed 6-20-43

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

S. No. 2  
M-5-42  
7-5-17-39  
X32873

JUL 8 - 1943

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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 Amel J. White  
Licensed Embalmer No. 3012  
P. O. Address Irvington N.J.

**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.**