

D AUG 6 1943 316

Registration District No. 316

Primary Registration District No. 3059

Registrar's No. 101

1. PLACE OF DEATH

(a) County St. Francois
(b) City or town Bonmeterre
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
203 S Long St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME EDWARD THOMAS

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Widower

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

7. Birth date of deceased Aug 1st 1862
(Month) (Day) (Year)

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

9. Birthplace Wales England
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name Edward Thomas

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

14. Maiden name Ellen Williams

15. Birthplace Wales England
(City, town, or county) (State or foreign country)

16. (a) Informant Hugh Thomas

(b) Address 203 S Long St Bonmeterre Mo

17. (a) Burial (b) Date thereof 7-6-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bonmeterre cemetery

18. (a) Signature of funeral director Bonham and Co.
(b) Address Bonne Terre Mo.

19. (a) July 10 - 1943 (b) Sydie Submaster
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town Bonmeterre
(If outside city or town limits, write "RURAL.")
(d) Street No. 203 S Long St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? None years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2nd
year 1943 hour 17 minute 35 A. M.

21. I hereby certify that I attended the deceased from July 5 1943 to July 2 1943
that I last saw him alive on July 2 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Permissive Anemia
Due to unknown

Other conditions (Include pregnancy within 3 months of death) 73a

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 fall

23. Signature J. F. Evans (M. D. or other)
Address Bonmeterre Mo. Date signed 7-4-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

RECEIVED

District Health Office No. *84-37*

District File Number *8-5*

Date Filed

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 *Clarence J. Clayton*

Licensed Embalmer No. *3766*

P. O. Address *Bonnieville*

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, above space should be left blank.