

S. No. 2
M-5-42
y. 5-17-39
P. I. X32875

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31917

State File No.

FILED OCT 7 1943 62

Registration District No. 762

Primary Registration District No. 5595

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Jefferson

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

(c) Name of hospital or institution:
Home near Imperial Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days) 18 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

(c) City or town Rural Jefferson
(If outside city or town limits, write "RURAL")

(d) Street No. near Imperial Mo.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME CLARENCE LOYD THOMASON

3. (b) If veteran, name war _____ 3. (c) Social Security No. 488-18-0452

4. Sex M 5. Color or race W. 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MAUD THOMASON 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased SEPT 9, 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>-</u>	<u>10</u>	hr. _____ min. _____

9. Birthplace FREDERICKTOWN Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation MARBLE CUTTER

11. Industry or business MARBLE CO.

MOTHER FATHER { 12. Name ELIZA THOMASON

13. Birthplace FREDERICKTOWN Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name SARAH ATKINSON

15. Birthplace ? TENNESSEE
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. MAUD THOMASON

(b) Address KIMMSWICK MO.

17. (a) BURIAL (b) Date thereof SEPT 22, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. HOPE CEM. ST. LOUIS Co. Mo.

18. (a) Signature of funeral director HEILIGTAG FUNERAL HOME

(b) Address KIMMSWICK Mo.

19. (a) 9/21/43 (b) C. W. Clement
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 19
year 43 hour 8:00 minute _____ M.

21. I hereby certify that I attended the deceased from _____ 1942 to Sept 19 1943
that I last saw him alive on 9-19 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary T. Bc.

Due to _____

Due to _____

Other conditions Pulmonary hemorrhage
(Include pregnancy within 3 months of death)

Major findings: Of operations 1381

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) (c) Means of injury _____

23. Signature D. Threichard (M. D. or other)
Address Kimmswick Mo. Date signed 9/20/43

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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 _____

working under my personal supervision. _____, Registered Apprentice No. _____

Signed _____

Licensed Embalmer No. 3872

P. O. Address _____

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.