

No. 2
1-2-43
5-17-39
1 X35657

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37840
Registrar's No. 336

FILED NOV 24 1943
Registration District No. 2

Primary Registration District No. 3007

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

1. PLACE OF DEATH—
(a) County Butler
(b) City or town Paplar Bluff, Mo
(If outside city or town limits write "RURAL" and name of township)
(c) Name of hospital or institution: Paplar Bluff Hosp.
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 3 days (Specify whether)
In this community 30 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Butler 012
(c) City or town Paplar Bluff, Mo 7
(If outside city or town limits, write "RURAL") 3
(d) Street No. 806 Vine St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Edward Calderwood Thomas

3. (b) If veteran, name war 0
3. (c) Social Security No. 497-05-3275

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Attie B. Thomas
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased Feb 14 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 8 28 hr. min.

9. Birthplace Portland Maine
(City, town, or county) (State or foreign country)

10. Usual occupation Civil Engineer

11. Industry or business Engineering

12. Name E. M. Thomas

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

14. Maiden name Wella Shaw

15. Birthplace Portland, Maine
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Attie B. Thomas

(b) Address Paplar Bluff, Mo

17. (a) B. (b) Date thereof 11-17-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cem - Paplar Bluff, Mo

18. (a) Signature of funeral director FRANK - betwell

(b) Address Paplar Bluff, Mo

19. (a) 11-17-43 (b) Green Thomas
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 12
year 1943 hour 2:00 minute A.M.

21. I hereby certify that I attended the deceased from Nov 1 1941 to Nov 12 1943
that I last saw him alive on Nov 12 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 48 hours

Due to Hyper tension
Coronary arthritis 18 hrs

Due to Myocardial degeneration

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93d
Of autopsy 93d

PHYSICIAN
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) —

(b) Date of occurrence —

(c) Where did injury occur? —
(City or town) (County) (State)

(d) Did injury occur in or about home, or farm, in industrial place, in public place?
affected / street in rd
While at work? — (Specify type of place) (c) Means of injury.

23. Signature affc B. Crow (M. D. or other)
Address Paplar Bluff Mo Date signed 11-10-43

RECEIVED

District Health Office No. 2,

District File Number 1143-1477

Date Filed 11-22-43

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed.....

.....
Licensed Embalmer No. 3567

P. O. Address Poplar Bluff, 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.