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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

39345

FILED DEC 1 1943

Primary Registration District No. 6192

State File No.

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Taney  
(b) City or town Purnal  
(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.....  
In this community.....  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County TANEY  
(c) City or town PURNAL  
(d) Street No.....  
(e) Citizen of foreign country? NO  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 16  
year 43 hour..... minute..... M.  
21. I hereby certify that I attended the deceased from.....  
that I last saw h..... alive on.....  
and that death occurred on the date and hour stated above.

Immediate cause of death shot gun wound in the head  
Due to.....  
Due to.....  
Other conditions.....  
Major findings:  
Of operations.....  
Of autopsy.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME LEONA RUTH THOMAS

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

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

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

7. Birth date of deceased..... (Month) (Day) (Year)

8. AGE: Years 9 Months 9 Days 0 If less than one day hr. min.

9. Birthplace Elk City (City, town, or county) Okla (State or foreign country)

MOTHER FATHER { 10. Usual occupation Child

11. Industry or business.....

12. Name C.E. Thomas

13. Birthplace Raney Ark

14. Maiden name Myrtle A. Patton

15. Birthplace Raney Ark

16. (a) Informant ms Myrtle Thomas

(b) Address Hallister Mo

17. (a) Removal (b) Date thereof Oct 22-43

(c) Place: burial or cremation Emm Cemetery

18. (a) Signature of funeral director L. C. Halt  
(b) Address Harrison Ark  
19. (a) Oct 17, 1943 (b) Mary Muller  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide, (specify) homicide  
(b) Date of occurrence Oct. 16, 1943  
(c) Where did injury occur? Taney Mo  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Farm home  
While at work? NO (Specify type of place) (e) Means of injury shot gun  
23. Signature S. B. Arnold coroner  
Address Taney County Mo Date signed 10-17-43

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 6.

District File Number 443-1287

Date Filed NOV 20 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.....

Licensed Embalmer No.....

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.**