V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

42025

State File No.

FILED JAN 11 1944

Registration District No. Primary Registration District No. 3014 Registrar's No. 87

1. PLACE OF DEATH:
(a) County: Clay
(b) City or town: Liberty
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ✓
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ... In this community 73 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Clay 24
(c) City or town: Liberty 3
(If outside city or town limits, write "RURAL") 1
(d) Street No.: 125 N. Fairview
(If rural, give location) ✓
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: CLAUDE D. THOMASON
3. (b) If veteran, name war: none
3. (c) Social Security No.:
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Lillie Thomason
6. (c) Age of husband or wife if alive: 65 years
7. Birth date of deceased: January (Month) 25 (Day) 1870 (Year)

8. AGE: Years 73 Months 10 Days 11 If less than one day hr. min.

9. Birthplace: Liberty (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Road Road Telegrapher ✓
11. Industry or business:
FATHER 12. Name: John D. Thomason
FATHER 13. Birthplace: Frankfort (City, town, or county) Ky (State or foreign country)
MOTHER 14. Maiden name: Sarah Duvall
MOTHER 15. Birthplace: Versailles (City, town, or county) Ky (State or foreign country)
16. (a) Informant: Mrs. Lillie Thomason
(b) Address: 125 N. Fairview Liberty Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 8-1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Fairview Liberty Mo
18. (a) Signature of funeral director: Chinn-Archer Co.
(b) Address: Liberty Mo.
19. (a) 12-9-43 (Date received local registrar) (b) Helen Barley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6 year 1943 hour 11 minute 50 A.M.
21. I hereby certify that I attended the deceased from Dec. 1939, to Dec 6, 1943; that I last saw him alive on Dec. 6, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial Failure	48 hr.
Due to: Massive Chr. Bronchiectasis	5 yr.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)
While at work? (Specify type of place) (e) Means of injury:
23. Signature: Glenn W. Hendren (M. D. or other) M.D.
Address: Liberty, Mo. Date signed 12/7/43

926 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 1-10-44

DEC 30 1945

OCT 30 1945

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 Edgar Archer

Licensed Embalmer No. 3311

P. O. Address Liberty, 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.