No. 2
-2-43
17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 15 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15984

Registration District No. 338 — Primary Registration District No. 4501 — Registrar's No.

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Bloomfield,
(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 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stoddard
(c) City or town ~~XXXXXX~~ Dexter, Mo. 103
(If outside city or town limits, write "RURAL")
(d) Street No. 3
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0 1

3. (a) PRINT FULL NAME Charley Thomasson,
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Singele
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. (Month) 20, (Day) 1885 (Year)

8. AGE: Years 59 | Months 2 | Days 18 | If less than one day hr. min.

9. Birthplace Dexter, (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Laborer,
11. Industry or business Trucker
FATHER
12. Name Sam Tomasson,
13. Birthplace unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Francis E. Whitledge
15. Birthplace Perry Co. (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Mrs. Millard Fortner
(b) Address Bloomfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4.7.44 (Month) (Day) (Year)
(c) Place: burial or cremation Bloomfield, Mo.
18. (a) Signature of funeral director Watkins Funeral Ser.
(b) Address Bloomfield, Mo.
19. (a) April 29-1944 (Date received local registrar) (b) Pearl Elmore (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6
year 1944 hour 5 minute P M.
21. I hereby certify that I attended the deceased from Feb 14 - 1944 to April 6 1944
that I last saw ~~him~~ alive on March 27- 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Past Operative Empyema & Abscess of Lung.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations DK.
Of autopsy no.

Duration

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) no
(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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature S. S. Davis (M. D. or other)
Address Dexter Mo. Date signed 4-7-44

1130

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 544-72
Date filed 5-11-44

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.