

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

24411
Do not use this space.

FILED AUG 10 1944

1. PLACE OF DEATH

(a) County Clark 23 Registration District No. 70
 (b) Township Sweet Home Primary Registration District No. 5282
 (c) City Revere (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 39

2. PRINT FULL NAME CHARLES S. THOME

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Alice Curtis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 26, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
78 9 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Banker + farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. Bank + farm
 10. Date deceased last worked at this occupation (month and year) June 1944 11. Total time (years) spent in this occupation Life as banker

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Athens, Clark Co. Missouri

FATHER 13. NAME Paul S. Thome

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Breckenridge, Kentucky

MOTHER 15. MAIDEN NAME Liliet Mc Kee

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cherrytree, Vermo. Pa.

17. INFORMANT (ADDRESS) June S. Thome, Revere Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Revere DATE July 1, 1944

19. FUNERAL DIRECTOR (ADDRESS) Nora E. Spierhart, Revere, Missouri

20. FILED 76-44 Pray J. Barton Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29, 1944

22. I HEREBY CERTIFY that I attended deceased from Dec 10, 1935 to June 29, 1944

I last saw him alive on June 29, 1944 Death is said to have occurred on the date stated above, at 7: P. M.

The principal cause of death and related causes of importance were as follows:

Urinous Anemia Date of onset _____

Other contributory causes of importance: Senility

Name of operation 73a Date of _____

What test confirmed diagnosis _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify (Signed) J. L. McQuinn M. D.
 (Address) Revere Mo

1273

(Licensed Embalmer's Statement of Reverse Side)

MARGIN RESERVE BINDING

V.S. 50M-7-20-37 I X12004

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 17 1946

RECEIVED

District Health Officer No. 10

District File Number P-44-1346

Date Filed AUG 8 1944

STATEMENT BY LICENSED EMBALMER

I, H. L. McConnell, Licensed Embalmer No. 3763

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed H. L. McConnell

Licensed Embalmer No. 3763

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.)