

FILED JUL 24 1944

Registration District No. 280

Primary Registration District No. 5810

Registrar's No. 5

1. PLACE OF DEATH

(a) County Montgomery C
(b) City or town Americus, Mo. (Faint)
(c) Name of hospital or institution:
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location) Rural
(d) Length of stay: In hospital or institution. (Specify whether
In this community _____
years, months or days)

8. (a) PRINT FULL NAME Billy Leon 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 Infant

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

7. Birth date of deceased June 13 1944
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 2 hr. min.

9. Birthplace Americus Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Sidney Thomas
13. Birthplace Swain Ark
(City, town, or county) (State or foreign country)
14. Maiden name Russell Lee
15. Birthplace Swain Ark
(City, town, or county) (State or foreign country)

16. (a) Informant Sidney Thomas
(b) Address Americus Mo

17. (a) Burial (b) Date thereof June 14th 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hunter Cemetery

18. (a) Signature of funeral director Robert [unclear]
(b) Address Americus, Mo.

19. (a) June 14 - 1944 (b) Mrs Frank Overkamp
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery ⁷⁰
(c) City or town Americus, Mo. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13 = 44
year _____ hour 2 hrs minute _____ M.

21. I hereby certify that I attended the deceased from Birth
Death _____ to 2 hours _____, 1944;
that I last saw him alive on June 13 _____, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Exhaustion Duration _____

Due to bad circulation

Due to slow delivery

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 160 PHYSICIAN _____

Of autopsy _____ 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, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (c) Means of injury C

23. Signature D. R. Rauschellbach (M. D. or other) _____
Address Rhinecland Mo Date signed 6-14-44

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

7000

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 7-21-44.....

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.....

This body was not embalmed.

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, above space should be left blank.