

FILED JAN 12 1945

Registration District No. 114

Primary Registration District No. 3035

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Lexington
(c) Name of hospital or institution Lafayette St.
(d) Length of stay: In hospital or institution 1
In this community life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Lafayette
(c) City or town Lexington 543
(d) Street No. Lafayette 22
(e) Citizen of foreign country? (Yes or No)
If yes, name country N

3. (a) PRINT FULL NAME ZACK T. THOMAS

3. (b) If veteran, name war _____ 3. (c) Social Security No. 496-07-6057

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

6. (b) Name of husband or wife Minnie E. Beard 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Mar 21 1875
(Month) (Day) (Year)

8. AGE: Years 69 Months 8 Days 25 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Steven W. Thomas
13. Birthplace Gasterville Tenn.
14. Maiden name Martha D. Ashby
15. Birthplace Louisville Ky.

16. (a) Informant Mrs. Minnie Thomas
(b) Address Lexington, Mo

17. (a) Burial (b) Date thereof 12-19-44
(c) Place: burial or cremation Lexington, Mo

18. (a) Signature of funeral director Ernest D. Murphy
(b) Address Lexington, Mo

19. (a) Dec-17-44 (b) Mrs. Fred Schaub
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16
year 1944 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from 19. to 19. that I last saw him alive on Feb 5 expired and that death occurred on the date and hour of death

Immediate cause of death Coronary Stiffness Duration

Due to obstruction

Due to 94a
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None Of autopsy None
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?
While at work? (Specify type of place) (e) Means of injury

23. Signature J. W. Fredendall (M. D. or other) Address Lexington, Mo Date signed 12/16/44

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

4
33
43

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

1-10-45

FEB 1 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 *J. Leo McKeon*

Licensed Embalmer No. *2983*

P. O. Address *Levington 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.