

FILED JUN 11 1945

Registration District No. _____

Primary Registration District No. 5902

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Hayti Rural *Hayti Rural*

(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 all life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

(c) City or town Hayti Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Thomas Clinton Lester

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased April 22 1939
(Month) (Day) (Year)

8. AGE: Years 5 Months 11 Days 22
If less than one day _____ hr. _____ min.

9. Birthplace Hayti Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

12. Name Loyd Lester

13. Birthplace Hayti Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Pauline Jinkins

15. Birthplace Cleveland Texas
(City, town, or county) (State or foreign country)

16. (a) Informant Loyd Lester

(b) Address Hayti Mo.

17. (a) Burial (b) Date thereof April 15 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hayti Missouri

18. (a) Signature of funeral director Valhalla Funeral Home

(b) Address Hayti Missouri

19. (a) 5/15/45 (b) J.A. Johnson D.P.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13 Th.
year 1945 hour 9 minute _____ A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Cranial skull Run over the head with a truck. Completely mashing the head

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following: _____

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence April 13 1945

(c) Where did injury occur? Hayti Rural Pemiscot Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home
(Specify type of place)

While at work? no (e) Means of injury _____

23. Signature J. H. Kelly (M.D. or other) Coroner

Address Hayti Mo Date signed 4-14-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

78
0
10

1327

5-40-113

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 Jack Kelley
Licensed Embalmer No. 3788
P. O. Address Hayth 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.