

No. 2
8-43
5-17-39
PI X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20849

State File No. _____

FILED JUN 21 1945

Registrar's No. 161

Registration District No. 209

Primary Registration District No. 2043

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

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Residence 107 South Fifth
(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

3. (a) PRINT FULL NAME Frank Smith Thomas

3. (b) If veteran, name war _____

3. (c) Social Security No. 497-18-0734

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Maude Thomas

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased May 4, 1868
(Month) (Day) (Year)

8. AGE: Years 77 Months 29 * If less than one day
hr. _____ min. _____

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

10. Usual occupation Bookkeeper

11. Industry or business Duffy Trowbridge Stove Foundry

MOTHER FATHER { 12. Name Isaac Boone Thomas

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

14. Maiden name Aurelia Adelia

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

16. (a) Informant Mrs. F. S. Thomas

(b) Address 107 South Fifth Hannibal Mo.

17. (a) Burial (b) Date thereof 6/5/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Olivet

18. (a) Signature of funeral director W. M. Smith

(b) Address 902 Broadway Hannibal Missouri

19. (a) 6-5-45 (b) E. M. Luke
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

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

(d) Street No. 107 South Fifth
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3
year 1945 hour 9 minute 10 A. M.

21. I hereby certify that I attended the deceased from June 2nd
1945 to June 3rd 1945;
that I last saw him alive on June 3rd 1945
and that death occurred on the date and hour stated above.

Immediate cause of death:
Coronary Occlusion
Angina Pectoris

Duration
2 hrs
8 yrs

Due to _____

Due to _____

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

PHYSICIAN

Major findings:
Of operations _____
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? _____

(Specify type of place)
While at work? _____ (c) Means of injury 2 D.O.

23. Signature F. O. B. Reed (M. D. or other) _____
Address 103 Church St Date signed June 5th 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..... *George J. Bond*

Licensed Embalmer No..... *4373*

P. O. Address..... *Hannibal, Missouri*

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.