S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27979

FILED SEP. 7 1945

Registration District No. 218 Primary Registration District No. 5780 Registrar's No. 31

1. PLACE OF DEATH:

(a) County Mississippi
(b) City or town East Prairie Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
RFD#2 NOLF ISLAND TWP. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 5 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi 67
(c) City or town East Prairie 0
(If outside city or town limits, write "RURAL")
(d) Street No. RFD#2 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Ben Thomas
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Male 2
5. Color or race Col
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 28, 1933 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	12	1	24	hr. min.

9. Birthplace Micola, Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation School Boy
11. Industry or business "
FATHER
12. Name Ben Thomas
13. Birthplace D. K. 9 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Samela Sanders
15. Birthplace Mississippi 1 (City, town, or county) (State or foreign country)
16. (a) Informant Jim Biles
(b) Address R#2 East Prairie, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/22/45 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove, Charleston, Mo
18. (a) Signature of funeral director John F. Nunnelee Jr
(b) Address Charleston, Mo
19. (a) 8-11-45 (Date received local registrar) (b) S. Grissom (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21st
year 1945 hour 12 minute 05 P.M.
21. I hereby certify that I attended the deceased from Attended As Coroner, 19 ;
that I last saw alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Accidentally burned to death in fire of residence	
Due to Exploding Cook Stove	
Due to Charred beyond all recognition	
Other conditions — (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

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) Accident 67
(b) Date of occurrence 5/21/45
(c) Where did injury occur? East Prairie Mo R#2 (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On farm at residence (Specify type of place)
While at work? (e) Means of injury fire
23. Signature John F. Nunnelee Jr. (M. D. or other) Coroner
Address Charleston, Mo Date signed 5/22/45

1271

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No 2
District File Number 845-103
Date Filed 8-8-45

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.

Not embalmed

Signed.....

Licensed Embalmer No.....

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, fact should be so stated above.