

**FILED** NOV 28 1945

STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 24

Primary Registration District No. 4234

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Iron  
 (b) City or town Ironton  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution three years  
(Specify whether years, months or days)  
 In this community three years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Evalena Thomas

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex 1 fem 5. Color or race White 6. (a) Single, widowed, married, divorced 2 Widowed  
 6. (b) Name of husband or wife Alexander Thomas 6. (c) Age of husband or wife if alive years  
 7. Birth date of deceased April 1st, 1865  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>7</u>	<u>12</u>	hr. <u>1</u> min.

9. Birthplace Johnstown Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

MOTHER FATHER  
 12. Name Unknown  
 13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Thomas

(b) Address 5939A Wabada, St. Louis, Mo.

17. (a) burial (b) Date thereof 11-13-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ironton, Mo

18. (a) Signature of funeral director Norman White & Sons

(b) Address Angel White Ironton Mo.

19. (a) Nov 23-45 (b) Miss Avis Jones  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron 47  
 (c) City or town Ironton  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 0  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13  
 year 1945 hour 1 minute 00 A. M.

21. I hereby certify that I attended the deceased from 11-11-45 to 11-13-45  
er 11-12-45  
 that I last saw h. er alive on 11-12-45  
 and that death occurred on the date and hour stated above.

Immediate cause of death acute bilateral bronchial pneumonia Duration 2 days

Due to chronic arthritis ?

Due to senility ?

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 107  
 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)  
 (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) (e) Means of injury

23. Signature R. E. Harland (M. D. or other) md.  
 Address Ironton, Mo. Date signed 11-23-

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

47  
10

RECEIVED

District Health Officer No. 4

District File Number 114 S-1344

Date Filed 11-27-45

DEC 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 Paul J. White

Licensed Embalmer No. 3012

P. O. Address Smiths Hill

**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.**