DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41523

Registration District No. 157 Primary Registration District No. 5583 Registrar's No. 224

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Golden City, rural, Lincoln Fm
(If outside city or town limits, write "RURAL" and name of township)
(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 15 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED: 49
(a) State Missouri (b) County Jasper
(c) City or town Golden City rural
(If outside city or town limits, write "RURAL")
(d) Street No. Golden City, Mo. Route #1
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN WILLIAM THOMAS
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male C
5. Color or race White
6. (a) Single, widowed, married, divorced single D
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 26 (Day) 1874 (Year)

8. AGE: Years 71 Months 5 Days 13 If less than one day hr. min.

9. Birthplace Elk Garden (City, town, or county) Va. / (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Vincemt Thomas
13. Birthplace Lebanon (City, town, or county) Va. / (State or foreign country)
MOTHER
14. Maiden name Nancy Johnson
15. Birthplace Elk Garden (City, town, or county) Va. / (State or foreign country)
16. (a) Informant Dale Thomas
(b) Address R.F.D.1 Golden City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 - 12 - 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Dudenville, Cem. Jasper Co.
18. (a) Signature of funeral director Phillips Funeral Home
(b) Address Golden City, Missouri
19. (a) 12-11-45 (Date received local registrar) (b) R. B. Clinton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9
year 1945 hour 3 minute 50 P.M.
21. I hereby certify that I attended the deceased from Nov 28 1945, 19 , to Dec 9 - 1945
that I last saw him alive on Dec 9 - 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage due to arteriosclerosis	11 days
~~Due to~~ Probably of renal gran dena-tion	
Due to	
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)
(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? (e) Means of injury
23. Signature J M Brooks (M. D. ~~or other~~)
Address Golden City Mo Date signed Dec 9 1945

14 58 (Licensed Embalmer's Statement on Reverse Side)

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

45-12-988

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.....

Licensed Embalmer No. 3278

P. O. Address Golden City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.