S. No. 2
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v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

024

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 27 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2015

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 12

1. PLACE OF DEATH:
(a) County Bates
(b) City or town Butler Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 406 Maple Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 3 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Bates
(c) City or town Butler Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 406 N. MAPLE
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3. (a) PRINT FULL NAME Duard Ranzel Thomas
3. (b) If veteran, name war X
3. (c) Social Security No. 496-10-5628
4. Sex male
5. Color or race W
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 Sept. 11 1916 (Month) (Day) (Year)
8. AGE: Years 29 Months 4 Days 7 If less than one day hr. min.
9. Birthplace Windsor Missouri (City, town, or county) (State or foreign country)
10. Usual occupation salesman
11. Industry or business
MOTHER 12. Name Elmer T Thomas
13. Birthplace Morgan County Missouri (City, town, or county) (State or foreign country)
FATHER 14. Maiden name Tempa Marie Mayhugh
15. Birthplace Henry Co. Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Rev. E.T. Thomas
(b) Address Maple St. Butler Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/46 (Month) (Day) (Year)
(c) Place: burial or cremation Flora Hills emorial Gardens K.C. Mo.
18. (a) Signature of funeral director Freemans
(b) Address Kansas City Mo.
19. (a) 1-18-46 (Date received local registrar) (b) Randall Kenny (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18 year 1946 hour 5 minute 35 A.M.
21. I hereby certify that I attended the deceased from Jan 8, 1946, to Jan 18, 1946, that I last saw alive on Jan 17, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	2 days
Due to Multiple Sclerosis	6 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 R. C. Beach (M. D. or other) D.O.
Address Butler, Mo Date signed 1-18-46

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(Licensed Embalmer's Statement on Reverse Side)

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 John G. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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.