V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8287

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 25

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

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada
(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 20 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Vernon 108
(c) City or town Nevada 1
(If outside city or town limits, write "RURAL")
(d) Street No. 638 E. Maple 2
(If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Fred Lee Thomas

3. (b) If veteran, name war War I

3. (c) Social Security No. 702-I8-5285

4. Sex male 0

5. Color or race white

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

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

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased April I9. ~~1946~~ 1895
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
50	9	27	hr. min.

9. Birthplace Vernon Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Switchman Mo. Pacific

11. Industry or business Mo. Pacific RailRoad

FATHER
12. Name J. C. Thomas
13. Birthplace unknown Indiana /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nettie Gardner
15. Birthplace Unkhown 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marie Thomas
(b) Address 638 E. Maple, Nevada, Mo.

17. (a) Burial (b) Date thereof 2-I7-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Deepwood

18. (a) Signature of funeral director Eichinger Funeral Home
(b) Address Nevada, Mo.

19. (a) 2-19-46 (b) Kathryn Yancey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day I5th
year 46 hour 9 minute 335 P.M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....;
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

Immediate cause of death Accidental

Due to fell beneath coal tender of locomotive while switching in

Due to yards at Nevada, Mo.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1950

Of autopsy No. 11

Duration

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 108
(b) Date of occurrence Feb. I5th I946
(c) Where did injury occur? Nevada Vernon Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
in switch yards of Mo. Pacific R.R
(Specify type of place)
While at work? yes (e) Means of injury accident

23. Signature Marsh Eichinger (M. D. or other) Coroner 3
Address Nevada, Mo. Date signed 2-18-46

331 (Licensed Embalmer's Statement on Reverse Side)

MAR 19 1946

MAR 17 1952

Cifloor No. 7,

Number 2-46-197

Date Filed 3-8-46

MAR 29 1946

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 Marsh Eichinger

Licensed Embalmer No. 2656

P. O. Address Nevada, 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.