

FILED JUL 10 1946

Registration District No. 2186

Primary Registration District No. 3041

Registrar's No. 79

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

1. PLACE OF DEATH:

(a) County MACON
(b) City or town MACON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Samaritan Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8.5 (Specify whether
In this community one year (Specify whether
years, months or days)

3. (a) PRINT FULL NAME William Stephens Thomas

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased. Feb 16 1865
(Month) (Day) (Year)

8. AGE: Years 81 Months 2 Days 29 If less than one day
hr. — min.

9. Birthplace Cumnammor, South Wales
(City, town, or county) (State or foreign country)

10. Usual occupation Mining Engineer

11. Industry or business Retired

12. Name Thomas S. Thomas

13. Birthplace South Wales
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Morgan

15. Birthplace South Wales
(City, town, or county) (State or foreign country)

16. (a) Informant J. D. Watkins

(b) Address 412 Vine St, Macon

17. (a) Burial (b) Date thereof 5-17-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beverly, Mo

18. (a) Signature of funeral director M. Edwards

(b) Address Beverly, Mo

19. (a) June 18-1946 (b) Fred McNeely
Date received local registrar (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County MACON
(c) City or town MACON
(If outside city or town limits, write "RURAL")
(d) Street No. 21
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 12
year 1946 hour 2 minute 20 P. M.

21. I hereby certify that I attended the deceased from
5/4/45 19 to 5/12/46 19
that I last saw him alive on 5/12/46 19
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocardial disease
General arteriosclerosis
Due to _____
Due to _____
Duration 1 yr
50 yrs

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 97
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) (b) Means of injury _____
23. Signature P. J. Edwards (M.D. or other) _____
Address MACON, MO Date signed 6-18-46

RECEIVED

District Health Officer No. 10

District File Number 7-46-1307

Date Filed JUL 9 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

H. G. Edwards

Licensed Embalmer No. 1961

P. O. Address Bevier, 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.