S. No. 2
M—2-43
5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24124

FILED AUG 7 1946

Registration District No. 1

Primary Registration District No. 3033

Registrar's No.

1. PLACE OF DEATH:

(a) County LACLEDE

(b) City or town LEBANON
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: WALLACE HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 WKS. (Specify whether years, months or days)

In this community ALWAYS

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County LACLEDE

(c) City or town RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. LEBANON MO
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Thomas V. Thomas

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife RACHEL

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

7. Birth date of deceased APR (Month) 8 (Day) - 1862 (Year)

8. AGE: Years 84 Months 3 Days 6 If less than one day hr. min.

9. Birthplace LACLEDE CO (City, town, or county) MO (State or foreign country)

10. Usual occupation RETIRED FARMER

11. Industry or business

FATHER
12. Name ALEXANDER A. THOMAS
13. Birthplace (City, town, or county) WALES (State or foreign country) 4

MOTHER
14. Maiden name ELIZEBETH WOOD
15. Birthplace (City, town, or county) KY (State or foreign country) 1

16. (a) Informant Geo Thomas
(b) Address LEBANON MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7 (Month) - 15 (Day) - 46 (Year)
(c) Place: burial or cremation OAKLAND CEM.

18. (a) Signature of funeral director PALMER'S
(b) Address LEBANON, MO

19. (a) July 25, 1946 (Date received local registrar) (b) Ora Frankeberger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 14 year 1946 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from 16 June 1946, to 14 July 1946 that I last saw him alive on 13 July 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis & myocardial degeneration

Due to

Due to

Other conditions Ischio Rectal abscess
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 93d

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)

(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. Bummer (M.D. or other) M.D.

Address Lebanon MO Date signed 7/17/46

152

(Licensed Embalmer's Statement on Reverse Side)

Received ....7/31/46 ..... AUG 7 1946

Laclede County Health Unit

File No. 7-46-98

Date Filed 7/31/46 AUG 7 1946

Given .....

Laclede County

File No. .....

Date Filed .....

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 R. A. Palmer

Licensed Embalmer No. 1161

P. O. Address Lebanon 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.