

Registration District No. 376

Primary Registration District No. 6075

1. PLACE OF DEATH:
 (a) County St. Francois
 (b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Missouri State Hospital No. 4 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 mos. 8 das.
(Specify whether years, months or days)
 In this community 8 months, 8 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME EMMETT THOMAS
 3. (b) If veteran, name war None
 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
 6. (b) Name of husband or wife Ada House - 1st (Deceased) 6. (c) Age of husband or wife if alive years
Name of 2nd wife unknown. August 30, 1876
 7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 9 26 hr. min.

9. Birthplace Sullivan Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Mining

11. Industry or business _____
FATHER
 12. Name Eliga Thomas
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
MOTHER
 14. Maiden name Unknown
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital No. 4
 (b) Address Farmington, Missouri
 17. (a) Burial (b) Date thereof 6-28-46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation B. J. Cemetery
 18. (a) Signature of funeral director Benjamin Hills
 (b) Address 313 Benjamin Jones Ave. Mo.
 19. (a) 7-17-46 (b) Ether Rudloff
(Date received local Registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 26
 year 1946 hour 2 minute 15 P. M.

21. I hereby certify that I attended the deceased from April 19, 1946 19... to June 26, 1946 19...
 that I last saw him alive on June 26, 1946 19...
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

Due to Cerebral hemorrhage
 Due to Arteriosclerosis
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy No 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 George H. Rucis (M. D. or other) M.D.
 Address Farmington Mo Date signed 6/27/46

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

23602

RECEIVED

District Health Officer No. 4

District File Number 846-246

Date Filed 8-9-46

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

E. J. Claywell

Licensed Embalmer No. 3706

P. O. Address *Bonne Terre, 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.