

FILED NOV 8 1946
Registration District No. _____

Primary Registration District No. 3003

Registrar's No. 85

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Monett, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Vincent Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 24 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 27
year 1946 hour 11 minute 00 A.M.
21. I hereby certify that I attended the deceased from 10/20/46
to 10/27, 1946
that I last saw him alive on 10/27, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Hypertension 109°
Bronchopneumonia 24 hrs
Due to _____
Due to _____

Duration

Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of 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?
While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature Franklin M.D. (M. D. or other)
Address Monett Mo. Date signed 10/27/46

3. (a) PRINT FULL NAME Jeddy Joe Thomas

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

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 Oct. 2 - 1946
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 24 If less than one day hr. _____ min. _____

9. Birthplace Monett, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Arthur Thomas
13. Birthplace Barry Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Elva Madine M. Thomas
15. Birthplace Barry Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Father

(b) Address Monett, Mo. R#1

17. (a) Burial (b) Date thereof Oct. 29-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Pleasant Cemetery

18. (a) Signature of funeral director A. H. Pleasant
(b) Address Monett, Mo.
19. (a) 11-29-46 (b) W. M. West
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

RECEIVED
District Health Officer No. 6;
District File Number 1146-1123
Date Filed NOV 7 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 L. H. - Blainship
Licensed Embalmer No. 2397
P. O. Address Monett, 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.