

No. 2
-5-43
5-17-39
X36571

FILED JAN 7 1946

Primary Registration District No. **3019**

Registrar's No. **217**

1. PLACE OF DEATH:

(a) County **DUNKLIN**

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

(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community **60 YRS**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **DUNKLIN 3rd**

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

(d) Street No. **2100 LEE ST**
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME **FRED PAGE THOMASSON**

3. (b) If veteran, name war **WAR I**

3. (c) Social Security No. **499-22-4564**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **DEC.** day **20th**
year **1946** hour **2:00** minute **0** M.

21. I hereby certify that I attended the deceased from **1943** to **Dec 20**, 19**46**
that I last saw him alive on **Dec 20**, 19**46**
and that death occurred on the date and hour stated above.

4. Sex **MALE** 5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **JEWELL THOMASSON**

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

7. Birth date of deceased **DEC. 4 1886**
(Month) (Day) (Year)

Immediate cause of death **Acute Pneumonia** Duration _____

Due to **Pulmonary Tuberculosis**

Due to _____

Other conditions (Include pregnancy within 3 months of death) **13 hr**

8. AGE: Years Months Days If less than one day

60 0 16 hr. min.

9. Birthplace **HOLCOMB MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED MERCHANT**

11. Industry or business _____

12. Name **JOHN F. THOMASSON**

13. Birthplace **UNKNOWN 9**
(City, town, or county) (State or foreign country)

14. Maiden name **LUIA TAYLOR**

15. Birthplace **UNKNOWN 9**
(City, town, or county) (State or foreign country)

16. (a) Informant **JEWELL THOMASSON**

(b) Address **KENNETT MO**

17. (a) **BURIAL** (b) Date thereof **12 22 46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **OAK RIDGE CEMETERY**

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: - Of operations _____

Of autopsy _____

18. (a) Signature of funeral director **LENTZ SERVICE**

(b) Address **KENNETT MO**

19. (a) **12-28-46** (b) **Carl Husband**
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury **6**

23. Signature **Dr. D. D. Denny** (M. D. or other) **MD**
Address **Kennett MO** Date signed **12-28-46**

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

JAN 22 1947

FEB 18 1947
FEB 2 1947

RECEIVED

District Health Office No. 2,

District File Number 147-12

Date Filed 1-3-47

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

Walter D. Hartman

Licensed Embalmer No. 2002

P. O. Address Kennett 240

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.