

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 19 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41089**

Registration District No. 160

Primary Registration District No. 30305592

Registrar's No. 88

1. PLACE OF DEATH:

(a) County Jefferson
 (b) City or town Festus R# 2
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution ✓
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution ✓
(Specify whether years, months or days)
 In this community 43 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
 (c) City or town Festus R# 2
(If outside city or town limits, write "RURAL")
 (d) Street No. ✓
(If rural, give location)
 (e) Citizen of foreign country? ✓ (Yes or No)
 If yes, name country ✓

3. (a) PRINT FULL NAME

Emma Leona Thomas

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife Jesse

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased March 17, 1880
(Month) (Day) (Year)

8. AGE: Years 66 Months 8 Days 22
 If less than one day hr. _____ min. _____

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

10. Usual occupation Housework

11. Industry or business own home

MOTHER FATHER

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Mr. Raymond Thomas

(b) Address Festus, Mo.

17. (a) Burial (b) Date thereof Dec. 12, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Herculaneum, Mo.

18. (a) Signature of funeral director Paul R. Pelletier

(b) Address Crested City, Mo.

19. (a) Dec 13 1946 (b) Clara Basin
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 9
 year 1946 hour 3 minute 40 P.M.

21. I hereby certify that I attended the deceased from December 1, 1946 to December 9, 1946
 that I last saw him alive on December 9, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy
 Duration 9 days

Due to _____

Due to _____

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 Blairnes E. Crosby, D.O. (M. D. or other)

Address 111 A Main St., Festus, Mo. Date signed Dec 14 1946

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 12-16-46

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 Geotrey R. Salittle
Licensed Embalmer No. 3481
P. O. Address Crystal City, 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.