

V. S. No. 2
FORM-5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41379

FILED DEC 23 1946

Registration District No. 210

Primary Registration District No. 5768

Registrar's No. 75

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

1. PLACE OF DEATH:

(a) County Mercer

(b) City or town Rural Harrison Twp.
(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 _____)

In this community All his life (Specify whether _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mercer 65

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

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME William Alfred Thomas

3. (b) If veteran, name war No

3. (c) Social Security, No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6
year 1946 hour 5 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
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 Minnie Thomas

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased June 19 1873
(Month) (Day) (Year)

Immediate cause of death _____

Due to Coronary Thrombosis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>5</u>	<u>18</u>	_____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name G.W. Thomas

13. Birthplace Mercer Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Emily Applegate

15. Birthplace Mercer Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Minnie Thomas
(b) Address Cainsville, Mo.

17. (a) Burial (b) Date thereof 12-13-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oaklawn Ceme.

18. (a) Signature of funeral director Martin Funeral Home
(b) Address Princeton, Mo.

19. (a) 12-13-46 (b) Evon Martin
(Date received local registrar) (Registrar's signature)

Major findings: _____

Of operations: _____ 94A

Of autopsy: None

190 (Licensed Embalmer's Statement on Reverse Side)

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) _____

23. Signature [Signature] (M. D. or other) Coroner
Address Princeton Date signed 12-6-46

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

DISTRICT HEALTH OFFICE
Cameron, Mo.

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

H. Ivan Martin

Licensed Embalmer No.

3760

P. O. Address

Princeton 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.