

S. No. 2
M-5-43
v. 5-17-39
I X36871

FILED MAR 21 1947

Registration District No. **254**

Primary Registration District No. **4386**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Oregon

(b) City or town Thayer
(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) 1

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 1 year years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon **75**

(c) City or town Thayer **1**
(If outside city or town limits, write "RURAL") **0**

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

(e) Citizen of foreign country? _____ (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME Thomas Christopher Best

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

4. Sex 0 Male 5. Color or race White

6. (a) Single, widowed, married, divorced 0 Single

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

7. Birth date of deceased Oct. 31 1945
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>1</u>	<u>1</u>	<u>6</u>	_____ hr. _____ min.

9. Birthplace Jonesboro 0 Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER

12. Name Owen Best

13. Birthplace Gatewood Missouri 0
(City, town, or county) (State or foreign country)

14. Maiden name Helen J. Pottier

15. Birthplace Thayer Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Owen Best

(b) Address Thayer, Mo.

17. (a) Burial (b) Date thereof 12/9/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Thayer Cem.

18. (a) Signature of funeral director Heland Carter

(b) Address Thayer, Mo.

19. (a) Mar. 5, 1947 (b) Edith Cross
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Dec. day 7
year 1946 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from Nov 25
1946 to Dec 7 1946
that I last saw him alive on Dec 1 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage at Birth

Due to Unknown

Due to _____

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

PHYSICIAN

Major findings: _____

Of operations g3A

Of autopsy _____

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) (e) Means of injury 0

23. Signature Edith Cross (M. D. or other) _____

Address Thayer, Mo. Date signed 1-10-47

RECEIVED

Dist. No. 5,

District

347130

Date Filed

3-14-47

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.....

Licensed Embalmer No.....

P. O. Address.....

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.