

S. No. 2
 OM-5-43
 v. 5-17-39
 106671

5582

State File No.

FILED FEB 19 1947

Registration District No. 247

Primary Registration District No. 4360

Registrar's No. #7 3

1. PLACE OF DEATH:
 (a) County New Madrid
 (b) City or town Portageville Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution 3
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County New Madrid
 (c) City or town Portageville 72
 (If outside city or town limits, write "RURAL") 6
 (d) Street No. _____ (If rural, give location) 0
 (e) Citizen of foreign country? _____ (Yes or No) 0
 If yes, name country _____

3. (a) PRINT FULL NAME A.T. Thomas
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 5
 year 1947 hour 2:00 minute PM
 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 negro
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 25 1917
 (Month) (Day) (Year)

Immediate cause of death _____
Shot with shot gun when he was broken due into a store.
Shot with shot gun in dinner
 Due to Abbondal County
 Duration _____

8. AGE:	Years	Months	Days	If less than one day
	<u>29</u>	<u>9</u>	<u>10</u>	hr. _____ min. _____

9. Birthplace Seneca La
 (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

MOTHER FATHER
 11. Industry or business _____
 12. Name Ellis Thomas
 13. Birthplace Unknown La
 (City, town, or county) (State or foreign country)
 14. Maiden name Eliza Thomas
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Elroy Shaw
 (b) Address Hughes Ark
 17. (a) Removal (b) Date thereof 1-10-47
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Hughes Ark

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? 7 (Specify type of place) (e) Means of injury 2

18. (a) Signature of funeral director Edrich Funeral Parlor
 (b) Address Portageville Mo
 19. (a) 1-15-47 (b) Ellis Debusli
 (Date received local registrar) (Registrar's signature)

23. Signature Edrich (M.D. or other) _____
 Address New Madrid Mo Date signed 1/15/47

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

219

47

RECEIVED

District Health Office No. 2,

District File Number 247-253

Date Filed 2-17-47

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.....

Joseph A. DeRusk
....., Registered Apprentice No. 488
working under my personal supervision.

Signed

Edward J. Yargo

Licensed Embalmer No. 4336

P. O. Address Portageville 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.