

No. 2  
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X47070

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8398

FILED APR 14 1947

State File No. \_\_\_\_\_

Registration District No. 82

Primary Registration District No. 3017

Registrar's No. 53

1. PLACE OF DEATH:

(a) County Cooper

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

(c) Name of hospital or institution:  
At home  
(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 of life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper

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

(d) Street No. R.F.D. #1  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Henry W. Thoma

(b) If veteran, name war \_\_\_\_\_

(c) Social Security No. 486-03-6253

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3 year 1947 hour 10:30 minute PM

21. I hereby certify that I attended the deceased from March 31 1947 to April 3 1947  
that I last saw him live on April 3 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 Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: March 17 1886  
(Month) (Day) (Year)

Immediate cause of death: Coronary Thrombosis Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

61 31 hr. min.

Other conditions: Ch. Cholecystitis  
(Include pregnancy within 3 months of death)

9. Birthplace: Boonville Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation: Fireman

11. Industry or business: Mo. Power & Light Co.

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name: William Thoma

13. Birthplace: Boonville Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name: Minnie Rabine

15. Birthplace: California, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Minnie Thoma

(b) Address: Boonville, Mo.

17. (a) Burial (b) Date thereof: 4-7-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Walnut Grove Cem.

18. (a) Signature of funeral director: Goodman & Boller.

(b) Address: Boonville, Mo.

19. (a) 4-4-47 (b) [Signature]  
(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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work \_\_\_\_\_ (c) Means of injury: [Signature]

23. Signature: [Signature] (M. D. or other) M.D.  
Address: Boonville Mo Date signed: 4/4/47

381

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 4-11-47

MAY 7 1947

OCT 14 1955

*Handwritten notes and signatures, including "B. Goodman" and "J. W. Goodman".*

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 J. W. Goodman

Licensed Embalmer No. 1178

P. O. Address Beaverville, 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.

*Handwritten notes and signatures at the bottom left.*