

FILED AUG 25 1947 283

Primary Registration District No. 5655

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

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution: Two Acres Camp #3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week
(Specify whether years, months or days)

3. (a) PRINT FULL NAME G. B. Thomas

3. (b) If veteran, name war _____

3. (c) Social Security No. 510-05-4004

4. Sex M. 5. Color or race W

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

6. (b) Name of husband or wife Ruby Thomas

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased April 7 1885
(Month) (Day) (Year)

8. AGE: Years 62 Months 4 Days 4
If less than one day hr. min.

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

10. Usual occupation Carpenter

11. Industry or business _____

12. Name George Thomas

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

14. Maiden name Alice Moody

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

16. (a) Informant Mrs Ruby Thomas

(b) Address 917 W. Maple St. - Van City, Kans

17. (a) Removal (b) Date thereof Aug 12 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bonnie Springs Kansas

18. (a) Signature of funeral director H. W. Forsett

(b) Address Mt Vernon Mo.

19. (a) 8-19-47 (b) Dr. P. Halmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County 999

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 14

(d) Street No. 917 W. Maple St. (If rural, give location) 2

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 11th
year 1947 hour 10 minute 03 P. 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.

Immediate cause of death: Saw immediately after death in field. Was sudden. Probably heart block.

Due to _____

Due to _____

Other conditions (Include pregnancy within 6 months of death) _____

Major findings: P. A. Halmes M.D. PHYSICIAN

Of operations: 950

Of autopsy: _____

22. If death was due to external cause, 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 P. A. Halmes (M. D. or other) _____
Address Mt Vernon Date signed 8-12-47

RECEIVED

District Health Officer No. 6,

District File Number

847-895

Date Filed

AUG 27 1947

SEP 4 1947

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.....

..... *By me*, Registered Apprentice No.....
working under my personal supervision.

Signed: *Max L. Fossett*
Licensed Embalmer No. *4252*
P. O. Address: *M. Vernon, 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.