

3. No. 2
1-5-42
5-17-39
X32873

FILED SEP 2 1947

Registration District No. 238

Primary Registration District No. 4355

Registrar's No. 231

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town New Madrid
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 7 YEARS years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County New Madrid
(c) City or town New Madrid
(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 LUTHER THOMAS

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

4. Sex M. D. 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife NELLIE THOMAS 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased FEB - 12 - 1895
(Month) (Day) (Year)

8. AGE: Years 62 Months 5 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace unk Ky!
(City, town, or county) (State or foreign country)

10. Usual occupation Sawyer

11. Industry or business _____

12. Name Harris Thomas

13. Birthplace unk Ky!
(City, town, or county) (State or foreign country)

14. Maiden name Edna Sissal

15. Birthplace unk Ky!
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nellie Thomas

(b) Address New Madrid Mo.

17. (a) Burial (b) Date thereof July 3 - 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston

18. (a) Signature of funeral director Richard Hud. Co.

(b) Address New Madrid Mo.

19. (a) 8-20-47 (b) Nelson Land Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 2nd year 1947 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 1st 1946 to Aug 2nd 1947
that I last saw him alive on August 2nd 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration _____

Due to Locomotor ataxia Posterior Spinal Sclerosis

Due to _____

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

Major findings: Of operations None

Of autopsy None

PHYSICIAN

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 _____

23. Signature O.B. Chandler (M. D. or other) M.D.

Address New Madrid Mo Date signed 8/4/47

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 847-1148

Date Filed 8-28-47

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.....

Allen C McGolden, Registered Apprentice No. 512
working under my personal supervision.

Signed L. B. Hedges

Licensed Embalmer No. 3803

P. O. Address New Windsor

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.