S. No. 2
1—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38924

FILED DEC 13 1947

Registration District No. 409 Primary Registration District No. 3043 Registrar's No. 409

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

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Elizabeth Hosp.
(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 Marion 64
(c) City or town Hannibal
(If outside city or town limits, write "RURAL")
(d) Street No. 1900 Broadway
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George Christopher Thomas
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Jane Angle
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased April 19, 1871 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
76	7	16	hr. min.

9. Birthplace Bush, Pike County Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business Self
FATHER
12. Name Josiah Thomas
13. Birthplace Ralls County Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Columbia Overts Tompkins
15. Birthplace Bush Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. G. C. ~~Tompkins~~ Thomas
(b) Address 1900 Broadway, Hannibak Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/7/47 (Month) (Day) (Year)
(c) Place: burial or cremation Barkley Cemetery
18. (a) Signature of funeral director Crawford Smith
(b) Address 902 Broadway Hannibal Mo.
19. (a) 12-6-47 (Date received local registrar) (b) Dr. E. M. Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day ~~6~~ 5
year 1947 hour 11 minute 30 A M.
21. I hereby certify that I attended the deceased from December 4, 1947 to December 5, 1947
that I last saw him alive on December 4, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	4 days
Due to Arteriosclerotic Heart Disease	3-4 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Robert Hanning (M. D. or ~~other~~)
Address 5/DB+L Bldg, Hannibal, Mo. Date signed 12/6/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 John S Ward Registered Apprentice No. 35, working under my personal supervision.

Signed W Crawford Smith

Licensed Embalmer No. 3814

P. O. Address Hannibal Missouri

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.