

S. No. 2
M-2-43
5-17-39
K35907

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 12 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41178
State File No.

Registration District No. 73 Primary Registration District No. 5291 Registrar's No. 82

1. PLACE OF DEATH:
(a) County Liberty Mo.
(b) City or town Liberty Mo.
(c) Name of hospital or institution: County Home 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clay Mo.
(c) City or town Chandler Mo.
(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 EPAMINONDAS THOMAS
(b) If veteran, name war none (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec 27 Day 27
year 1947 hour 9 minute - P M.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
(b) Name of husband or wife Wilhelmina Darr Thomas
6. (c) Age of husband or wife if alive 18 years
7. Birth date of deceased Mar 1 - 1858 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 27, 1947 to Dec 27, 1947 that I last saw him alive on Dec 1, 1947 and that death occurred on the date and hour stated above.
Immediate cause of death: Senility
Duration

8. AGE: Years 89 Months 9 Days 26 hr. min.
9. Birthplace Ark. Co. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Farmer.

Due to Gen. Arteriosclerosis
Due to few years
Other conditions: (Include pregnancy within 3 months of death)

11. Industry or business
12. Name unknown 9
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name unknown 7
15. Birthplace (City, town, or county) (State or foreign country)

Major findings: Of operations 97
Of autopsy
PHYSICIAN Underline the cause to which death should be charged statistically.

16. (a) Informant Elizabeth Johnson Rural Mo.
(b) Address Liberty Mo.
17. (a) Burial (b) Date thereof Dec 31 - 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Cynthiana, Mo.
18. (a) Signature of funeral director: Glyneth Archer
(b) Address Liberty Mo.
19. (a) Dec 29 - 1947 (Date received local registrar) (b) Minnie May (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?
While at work? (Specify type of place) (e) Means of injury
23. Signature: Glyneth Archer (M. D. or other) Address: Liberty Mo. Date signed: 12/28/47

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

RECEIVED

Office of Health Officer No. 8,

Health Officer's Office

DATE

1-9-48

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.....

Harold B. Smith

Registered Apprentice No. 33

working under my personal supervision.

Signed.....

Edgar Archer

Licensed Embalmer No.

3311

P. O. Address.....

Liberty 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.