S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 2 - 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44494 '47

Registration District No. 213 Primary Registration District No. 5781 Registrar's No. 11

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

1. PLACE OF DEATH:
(a) County Miller
(b) City or town Brumley, Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No (Specify whether
In this community ALL LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Miller
(c) City or town Brumley, Rural
(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 John Edward Thomas
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced D
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January (Month) 12 (Day) 1866 (Year)

8. AGE: Years 81 Months 9 Days 13 If less than one day hr. min.

9. Birthplace Camdenton (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farming
11. Industry or business
FATHER
12. Name Cornelius Thomas
13. Birthplace (City, town, or county) Kentucky (State or foreign country)
MOTHER
14. Maiden name Mace
15. Birthplace (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Frank Thomas
(b) Address Brumley, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 26, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Union Cemetery
18. (a) Signature of funeral director Walter P. Hedge
(b) Address Iberia, Mo
19. (a) Oct 31, 1948 (Date received local registrar) (b) Mrs C R Hawkins (Registrar's signature) 102

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 25 year 1947 hour 12 minute 03 A.M.
21. I hereby certify that I attended the deceased from October 20, 1947, to Oct 25, 1947 that I last saw him alive on Oct 24, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypostatic Pneumonia	8 days
Due to	
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 2
23. Signature M. E. Humphreys (M. D. or other) D.O.
Address Tuscumbia, Mo. Date signed 10-27-47

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

RECEIVED
District Health Officer No. 9,
District File Number 1/23/48
Date Filed

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 Walter P. Hedge

Licensed Embalmer No. 4265

P. O. Address Iberia, 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.