No. 2
12-45
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 16 1948

Registration District No. 293

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2106

Primary Registration District No. 4443

Registrar's No. 43

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution: Clay Street
(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: 68

(a) State Missouri (b) County Randolph

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

(d) Street No. Clay Street
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Thomas Franklin Cloud

3. (b) If veteran, name war .....

3. (c) Social Security No. 489-10-9753

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife Ocie Cloud

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased December (Month) 7 (Day) 1899 (Year)

8. AGE: Years 48 | Months 1 | Days 2 | If less than one day ..... hr. ..... min.

9. Birthplace Warner (City, town, or county) Oklahoma (State or foreign country)

10. Usual occupation mining

11. Industry or business St. Clair Mining Company

FATHER
12. Name Thomas Jefferson Cloud
13. Birthplace don't know (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Whiten
15. Birthplace don't know (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Tom Cloud
(b) Address Huntsville, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1/10/1948 (Month) (Day) (Year)
(c) Place: burial or cremation Huntsville, Missouri

18. (a) Signature of funeral director Tom B. Patton
(b) Address Huntsville Mo.

19. (a) 1-10-1948 (Date received local registrar) (b) Mrs. D. A. Barnhart (Registrar's signature) 4170

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9
year 1948 hour 5:00 A.M. minute ..... M.

21. I hereby certify that I attended the deceased from Feb 1, 1947, to Jan 9, 1948
that I last saw him alive on Jan 9, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Melanoma - c̄ metastes to lungs	
Due to abdomen	11 mos.
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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature R. V. Dreyer (M. D. or other) MD
Address Huntsville Mo. Date signed 1/10/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JAN 19 1948
District Health Officer No.
District File Number 1:48:5
Date Filed JAN 14 1948

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 Paul T Patton

Licensed Embalmer No. 4095

P. O. Address Huntsville, 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.