

S. No. 2  
DM-5-43  
5-17-39  
I X36871

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 27 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7828**  
Registrar's No. **73**

Registration District No. **38**

Primary Registration District No. **3006**

1. PLACE OF DEATH:

(a) County **Boon**  
(b) City or town **Columbia**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**14 Sun Set Lane 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. (Specify whether  
in this community **6 months** (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Chester 4**  
(c) City or town **Mexico 1**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **320 Maple St. 2**  
(If rural, give location)  
(e) Citizen of foreign country? **no 1** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **Felix H. Thomas**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Rathbone Thomas** 6. (c) Age of husband or wife if alive **71** years

7. Birth date of deceased **Oct. 30, 1867**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>80</b>			hr. min.

9. Birthplace **Callaway County, Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Painter**

11. Industry or business

12. Name **George N. Thomas**

13. Birthplace **Mo.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary E. Brown**

15. Birthplace **Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Lansing Thomas**

(b) Address **14 Sun Set Lane, Columbia, Mo.**

17. (a) **Removal** (b) Date thereof **Mar. 16, 48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood, Mexico Mo.**

18. (a) Signature of funeral director **Carl E. Orsted**

(b) Address **Mexico, Mo.**

19. (a) **3-16-48** (b) **Mrs. R.E. Palmer**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **16** - day **March**  
year **1948** hour **2:30** minute **3:0 P.M.**

21. I hereby certify that I attended the deceased from **1 March**  
**1948** to **3-16-1948**  
that I last saw him **alive on 16 March 1948**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Bright's Disease** Duration  
**1 1/2 years**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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 **E. H. Fischer** (M. D. or other)

Address **1113 E. Ash Columbia** Date signed **3-16-48**

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

10  
24

RECEIVED  
District Health Officer No. 9,  
District File Number  
MAR 26 1948  
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..... *Earl E. Puelst* .....

Licensed Embalmer No... *3189* .....

P. O. Address... *Meena 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.