

No. 2
-1/47
-17-39

National Office of Vital Statistics

FILED APR 10 1948

Registration District No. 100

Primary Registration District No. 5592

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Festus, Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. Life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
(c) City or town Festus Rural
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME

Albert John Thomas

3. (b) If veteran, name war

No

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 Nellie McCracken
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased June 16, 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	78	8	25hr.min.

9. Birthplace Cape Girardeau Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer (Retired)

11. Industry or business:
12. Name Michael Thomas
13. Birthplace Cape Girardeau, Mo
(City, town, or county) (State or foreign country)
14. Maiden name Frances Wilkinson
15. Birthplace Washinton County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nellie Thomas
(b) Address Festus, Mo. R. # 1

17. (a) Burial (b) Date thereof 3/14/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Roselawn (Festus)

18. (a) Signature of funeral director
(b) Address 120 Main St., Festus, Mo.

19. (a) March 13, 1948 (b) (Class) Bellville
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar, day 11
year 1948 hour 4:18 minute P M.

21. I hereby certify that I attended the deceased from Jan 12, 1948
19 to March 10, 1948
that I last saw him alive on March 10, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic myocarditis
Arteriosclerosis

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? Means of injury

23. Signature

Address Date signed 3/14/48

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

MOTHER FATHER

30
00
00

APF

Date Filed APR 8 1948

District File Number

District Health Officer No. 9

RECEIVED

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.....

Donald H. Vinyard

Registered Apprentice No. *71*

working under my personal supervision.

Signed.....

D. H. Vinyard

Licensed Embalmer No. *3010*

P. O. Address *Festus 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.