

No. 2
-12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9495**

FILED APR 3 1948
Registration District No. **2489**

Primary Registration District No. **5809-4343**

Registrar's No. **69**

1. PLACE OF DEATH:

(a) County Montgomery

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

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 45 years (Specify whether years, months or days)

In this community 45 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery

(c) City or town New Florence
(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 _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Thomas Fredrick Hume

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month March day 15 year 1948 hour _____ minute 6 A. M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Ella Hume 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Aug 3 rd 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec. 4 19 47 to March 15 19 48

that I last saw him alive on March 14 19 48 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration with decompensation

Duration 3 wks.

8. AGE: Years 79 Months 7 Days 12 If less than one day hr. _____ min. _____

Due to Pernicious anemia
Last recurrence - Dec. 4, 1947

9. Birthplace Phellips Co Mo
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation Farmer

Other conditions Arteriosclerosis, chronic nephritis, senility
(Include pregnancy within 3 months of death)

11. Industry or business _____

Major findings: None performed

12. Name Thomas Hume

Of operations None performed

13. Birthplace Un Known
(City, town, or county) (State or foreign country)

Of autopsy None performed

14. Maiden name Mary Patterson

15. Birthplace No
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ella Hume

(b) Address New Florence Mo

17. (a) Burial (b) Date thereof 3-17-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Florence Cemetery

18. (a) Signature of funeral director C. W. Hopkins

(b) Address Montgomery City Mo

19. (a) 3-17-1948 (Date received local registrar) James D. Helm M.D. (Registrar's signature) 707

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 2

23. Signatur C. H. Thompson (M. D. or other) D.C.

Address Box 347, New Florence, Mo. Date signed 3/17/48

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

70
0
0
0

JUL 7 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, ~~xxx~~ on the 15th of March 1948, Registered Apprentice No. _____ working under my personal supervision.

Signed  C.W. Hopkins

Licensed Embalmer No. I487

P. O. Address Montgomery City 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.