B. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9924

Registration District No. FILED APR 6 3 1948

Primary Registration District No. 6075

Registrar's No. 95

1. PLACE OF DEATH:
(a) County: St. Francois
(b) City or town: Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Hospital No. 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 29 yrs. 9 mos. 6 das. (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Mississippi
(c) City or town: Anniston
(If outside city or town limits, write "RURAL")
(d) Street No.: Unknown
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: HUGH 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: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Unknown (Month) Unknown (Day) Abt. 1892 (Year)
8. AGE: Years: About 56 Months: Days: If less than one day: hr. min.
9. Birthplace: Unknown (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Farming
11. Industry or business:
FATHER 12. Name: Unknown
13. Birthplace: Litchfield (City, town, or county) Kentucky (State or foreign country)
MOTHER 14. Maiden name: Unknown
15. Birthplace: Litchfield, (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant: Records State Hospital No. 4
(b) Address: Farmington, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-23-48 (Month) (Day) (Year)
(c) Place: burial or cremation To Washington Univ. Anatomy Dept. St. Louis, Mo.
18. (a) Signature of funeral director Via Miller Funeral Home
(b) Address Farmington, Missouri
19. (a) 3-30-48 (Date received local registrar) (b) Esther Rudolph (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 18 year 1948 hour 8 minute 05 P. M.
21. I hereby certify that I attended the deceased from May 1, 1946, 19..., to March 18, 1948, 19...; that I last saw him alive on March 18, 1948, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis	
Due to: Epilepsy	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: No 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
23. Signature George H. Reuro (M. D. or other) M.D.
Address Farmington Mo Date signed 3/22/48

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

RECEIVED

District Health Officer No. 4

District File Number 448-434

Date Filed 4-5-48

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 Not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed Earl C. Miller

Licensed Embalmer No. 3752

P. O. Address Farmington, 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.