

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 13 1948  
706

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 113314  
Registrar's No. 312

Registration District No. ....

Primary Registration District No. 3041

1. PLACE OF DEATH:  
(a) County Macon  
(b) City or town Macon  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Samaritan Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 1/2 days  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Macon 61  
(c) City or town Macon 3  
(If outside city or town limits, write "RURAL") 2  
(d) Street No. .... (If rural, give location) 0  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME John William Thomas  
(b) If veteran, name war..... (c) Social Security No.....

4. Sex Male 0 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
(b) Name of husband or wife..... (c) Age of husband or wife if alive..... years  
7. Birth date of deceased Feb. 13 1877  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 1 13 hr. min.

9. Birthplace New Cambria, Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business Confectionary

MOTHER FATHER  
12. Name John Thomas  
13. Birthplace Wales 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Margaret Howell  
15. Birthplace Wales 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas Thomas  
(b) Address Macon, Mo.

17. (a) Burial (b) Date thereof 3/28/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Macon, Mo.

18. (a) Signature of funeral director Albert Skerwin  
(b) Address Macon, Mo.

19. (a) 5-7-48 (b) Paul McNeely  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26  
year 1948 hour 2 minute 30 a.m.  
21. I hereby certify that I attended the deceased from March 21 1948  
March 26 1948  
that I last saw him alive on March 25 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of mandible and tongue Duration 10 months

Due to .....  
Due to .....  
Other conditions (Include pregnancy within 3 months of death) 15

Major findings: Of operations .....  
Of autopsy Cropsy of tooth socket left side of mandible  
Shawmut Co

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 0  
23. Signature P. J. Honoway (M. D. or other) 0  
Address Macon Mo Date signed 4/20/48

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

SEP 7 1948  
SEP

RECEIVED MAY 14 1948  
District Health Officer  
District File Number 548-259  
Data Filed MAY 12 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 Albert S. Krumm  
Licensed Embalmer No. 75-1  
P. O. Address Mason 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.