

No. 2
-5-43
5-17-39
X36671

FILED MAY 6 1948

Registration District No. **324**

Primary Registration District No. **6086**

Registrar's No. **85**

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

1. PLACE OF DEATH:

(a) County Saline

(b) City or town RFD 1, Marshall, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Salt Fork Township
(If not in hospital or institution, write street number or location)

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

In this community All his life

3. (a) PRINT FULL NAME William A. Thomas

3. (b) If veteran, name war #

3. (c) Social Security No. #

4. Sex M (1) 5. Color or race W

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June 23, 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>9</u>	<u>29</u>	<u>23 hr. 50 min.</u>

9. Birthplace Unknown Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business "

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Elizabeth Pedro

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

16. (a) Informant Mrs Albert Morris

(b) Address 97 Marshall, Miss

17. (a) Burial (b) Date thereof 4/24/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Melvin Cemetery

18. (a) Signature of funeral director J. Leali Berry

(b) Address 97 Marshall, Miss

19. (a) 4-23-1948 (b) J. Leali Berry
(Date received local registry) (Registry's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline

(c) City or town Marshall, RFD 1 Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Salt Fork Township
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country #

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 21
year 48 hour 11 minute 50 P.M.

21. I hereby certify that I attended the deceased from Home
10 1948 to Apr 21 1948
that I last saw H.M. alive on Apr 15 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic Carcinoma
glans Meck

Due to 10 Mos

Due to Cancer lip 15 Mos

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 4/50

Of autopsy

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?

While at work (Specify type of place) (e) Means of injury

23. Signature J. Leali Berry (M. D. or other)

Address Marshall Date signed 4/23/48

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

5-5-48

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

J. Pauli Sussung

Licensed Embalmer No.

3235

P. O. Address

Marshall, W. Va.

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.