

FILED MAY 24 1948

Registration District No. 14

Primary Registration District No. 4136

Registrar's No. 20

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

35030

1. PLACE OF DEATH:

(a) County Clinton

(b) City or town Plattsburg
(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 _____ (Specify whether years, months or days)

In this community 50 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton

(c) City or town Plattsburg
(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 Thomas Edward Monday

3. (b) If veteran, name war _____

3. (c) Social Security No. X X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28
year 1948 hour _____ minute _____ M.

4. Sex MALE 5. Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: MAY 24 1976
(Month) (Day) (Year)

8. AGE: Years 71 Months 11 Days 4 If less than one day hr. _____ min.

21. I hereby certify that I attended the deceased from April 6, 1948, to April 28, 1948; that I last saw him alive on April 24, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion Sudden

Due to: Coronary Disease T.M.C.

Due to: _____

Other conditions: _____ (Include pregnancy within 3 months of death)

9. Birthplace: Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation: carpenter

11. Industry or business: _____

MOTHER FATHER { 12. Name: NOT KNOWN

13. Birthplace: NOT KNOWN
(City, town, or county) (State or foreign country)

14. Maiden name: NOT KNOWN

15. Birthplace: NOT KNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant: See See. Records

(b) Address: Plattsburg, Mo.

17. (a) BURIAL (b) Date thereof: 4 29 48
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director: D. D. Ryan

(b) Address: Plattsburg, Mo.

19. (a) April 29-48 (b) Emilee Chastain
(Date received local registrar) (Registrar's signature)

Major findings: None

Of operations: _____

Of autopsy: None

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: W. P. Spalding (M. D. or other) _____
Address: Plattsburg, Mo. Apr 29-48

DISTRICT HEALTH OFFICE
Cameron, Mo.

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..... *Daniel D. Lyon*

Licensed Embalmer No. *3640*

P. O. Address *Plattsburg, 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.