

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

State File No. \_\_\_\_\_

FILED JUL 9 1948

Registration District No. 172

Primary Registration District No. 4272

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Lafayette Co.

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

(c) Name of hospital or institution:  
Kellings Clinic  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 1/2 Days  
(Specify whether years, months or days)

In this community 39 Years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Earl Thomas

3. (b) If veteran, name war No.

3. (c) Social Security No. 498-32-8445

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Olettia Thomas

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased October 3 1907  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>40</u>	<u>6</u>	<u>21</u>	hr. min.

9. Birthplace Coffeyville Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Operated Drag Line on

11. Industry or business Missouri River

MOTHER FATHER { 12. Name Fred Thomas

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

14. Maiden name Alice Young

15. Birthplace Grand Pass Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Earl Thomas-Wife

(b) Address Grand Pass, Mo.

17. (a) Burial (b) Date thereof 6/27/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grand Pass Cemetery

18. (a) Signature of funeral director J. Fred Johnson

(b) Address Waverly, Mo.

19. (a) June 25 1948 (b) Clayton H. Landrum  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97

(c) City or town Grand Pass 0  
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. 2 0  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 1  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24  
year 1948 hour 6 minute 0 P.M.

21. I hereby certify that I attended the deceased from June 21st 1948 to 6-24 1948  
that I last saw him alive on 6-24 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Trauma from 2nd degree burns of the entire body except the exterior of chest and abdominal wall also mouth and Respiratory tract

Duration 3 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN

Major findings:  
Of operations 181

Of autopsy 15

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) accident 97

(b) Date of occurrence 6-21-48

(c) Where did injury occur? Rural Saline Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Interway Refraction River  
(Specify type of place) (e) Means of injury 0

While at work? \_\_\_\_\_

23. Signature Geo A Telling (M. D. or other) 0  
Address Waverly Mo Date signed 6-24-48

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

RECEIVED  
District Health Officer No. &  
District File Number  
Date Filed 7-2-48

91948  
MP

JUL 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..... *J. Lolis Sussney*.....  
Licensed Embalmer No. 3235  
P. O. Address..... *Marshall, Md*.....

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.