National Office of Vital Statistics

FILED JUL 23 1948

Registration District No. 53

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5185

State File No. 22444

Registrar's No. 223

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau R.F.D. # 2 (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Cape Girardeau R.F.D. # 2 (If not in hospital or institution, write street number or location) CAPE GIR

(d) Length of stay: In hospital or institution none (Specify whether In this community since 1915 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

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

(d) Street No. Cape Girardeau R.F.D. # 2 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John W. Thomas

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Damron

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

7. Birth date of deceased November (Month) 6th (Day) 1869 (Year)

8. AGE: Years 78 Months 8 Days 14 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER

12. Name Don't Know

13. Birthplace Don't Know (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name Don't Know

15. Birthplace Don't Know (City, town, or county) (State or foreign country)

16. (a) Informant Hubert Thomas

(b) Address Cape Girardeau, Mo.

17. (a) ~~Burial~~ Removal (Burial, cremation, or removal) (b) Date thereof 7-22-1948 (Month) (Day) (Year)

(c) Place: burial or cremation Lindsey Cemt. McClure, Ill.

18. (a) Signature of funeral director L. L. Haman

(b) Address Cape Girardeau, Missouri.

19. (a) 7-22-48 (Date received local registrar) (b) C. C. Bummer (Registrar's signature) 44

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20th year 1948 hour 11 minute 15 A. M.

21. I hereby certify that I attended the deceased from May 12, 1948, to July 20, 1948 that I last saw him alive on May 28, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Coronary artery disease

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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 Charles F. Wilson (M. D. or other) M.D.

Address 727 Broadway Date signed 7-22-48

Cape Girardeau, Mo.

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 748-945

Date Filed 7-27-

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 William Lee Townes

Licensed Embalmer No. 4410

P. O. Address Cope Gardens

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.