

No. 300
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-5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28723

FILED AUG 17 1948
Registration District No. 273

Primary Registration District No. 6268

Registrar's No. 38

1. PLACE OF DEATH:

(a) County Webster

(b) City or town Rural - Nianqua
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
X S

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X
(Specify whether)

In this community life
years, months or days

3: (a) PRINT FULL NAME Oliver Perry Thomas

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male 5. Color or race White

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

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

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

7. Birth date of deceased: August - 5 - 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

79 11 21 X hr. X min.

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

10. Usual occupation Farmer

11. Industry or business Farm

12. Name William Thomas

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

14. Maiden name Unknown

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

16. (a) Informant Francis Thomas (son)

(b) Address Nianqua, Missouri

17. (a) Burial (b) Date thereof 7-27-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cosopening

18. (a) Signature of funeral director Jex Jamin

(b) Address Marshfield, Missouri

19. (a) 9/3/48 (b) Francis
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster

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

(d) Street No. Nianqua township
(If rural, give location)

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

If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26
year 1948 hour 2 minute PM

21. I hereby certify that I attended the deceased from July 24, 1948, to July 26, 1948
that I last saw alive on July 26, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma
Stomach

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy 463

Duration _____

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 11

23. Signature W. Schmitt (M. D. or other) _____
Address Nianqua Date signed 26/48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 848-938

Date Filed AUG 16 1948

AUG 21 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

Lee Rainey

Licensed Embalmer No. 3312

P. O. Address Marshfield, 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.