

1. PLACE OF DEATH:

(a) County Miller
(b) City or town Brumley, Rural, Glaiize
(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No
In this community All Life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller
(c) City or town Brumley, Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henry Frank Thomas

3. (b) If veteran, name war No 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Sylvia Belle Thomas 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased November 19 1876
(Month) (Day) (Year)

8. AGE: Years 71 Months 11 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name Cornelius Thomas
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Caroline Mace
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Roy Plemmons
(b) Address Brumley, Missouri

17. (a) Burial (b) Date thereof October 23, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Union Cemetery

18. (a) Signature of funeral director Walter P. Hedge
(b) Address Iberia, Missouri

19. (a) Oct 26 1948 (b) Mrs. C. R. Hawkins
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 21
year 1948 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to Arteriosclerotic Heart Disease

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

Major findings: _____
Of operations _____
Of autopsy _____

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 2
23. Signature M. E. Humphrey (M. D. or other) D. O.
Address Muscumbea, Mo. Date signed 10-25-48

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

MOTHER FATHER

Date Filed
District File Number
NOV 10 1948
Health Officer No. 9
LIVED

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.....

Walter P. Hedges

Registered Apprentice No.....

working under my personal supervision.

Signed

Walter P. Hedges

Licensed Embalmer No. 4265

P. O. Address..... Iberia, Missouri

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.