

6. No. 23
-8-13
5-17-39

X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 27 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39160

State File No. _____
Registrar's No. 16

Registration District No. 360

Primary Registration District No. 6227

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

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Rural (Georgfield Township)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
at home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓
In this community ✓
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Vernon
(c) City or town Rural (Georgfield Township)
(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 James R. Thomas
(b) If veteran, name was None
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 13
year 1948 hour 8 a.m. minute _____ M.
21. I hereby certify that I attended the deceased from Nov 9th
1st time 1948 to year 13-2nd 1948
that I last saw him alive on Nov 13-1948, 19_____
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Jan 5 1878
(Month) (Day) (Year)

Immediate cause of death Sober Pneumonia Duration 4 days
Due to ✓
Due to ✓

8. AGE: Years 70 Months 10 Days 8
If less than one day hr. min.

Other conditions Hypertension
(Include pregnancy within 3 months of death)
Major findings:
Of operations ✓
Of autopsy 108
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER
12. Name Peace Newton Thomas
13. Birthplace Unknown Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Scott
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. R. Thomas
(b) Address Mt. View Rd #1

17. (a) Burial (b) Date thereof Nov 15 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation more cemetery

18. (a) Signature of funeral director Allen J. Gage
(b) Address Nevada

19. (a) 11-17-48 (b) Ruth H. Jancy
(Date received local registrar) (Registrar's signature)

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 C. E. Kratz D.O. (M.D. or other) _____
Address Nevada Date signed 11/17/48

RECEIVED

District Health Officer No. 7;

District File Number 10-48-1353

Date Filed 11-23-48

DEC 14 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.....

Best B Bennett

Registered Apprentice No. 83

working under my personal supervision.

Signed.....

Allen T. Lape

Licensed Embalmer No. 1968

P. O. Address Nevada, 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.