

No. 2
4-13-40
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X23159

25054

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 9 1943
7

3023

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 150

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution One Week
(Specify whether
In this community 48 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry
(c) City or town Clinton
(If outside city or town limits, write "RURAL")
(d) Street No. 205 East Elm
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME THOMAS RUSH LIONBERGER
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 22
year 1943 hour 8 minute 30 A.M.

4. Sex Male 5. Color or Race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Etta Lionberger
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased Nov 11 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 14, 1943, to July 22, 1943, that I last saw him alive on July 22 and that death occurred on the date and hour stated above.

8. AGE: Years 82 Months 8 Days 11
If less than one day hr. _____ min. _____

Immediate cause of death: Amputation from
Bladder
Due to Carcinoma of
Prostate
Due to _____

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

Other conditions: None
(Include pregnancy within 3 months of death)
Major findings: None
Of operations None
Of autopsy None

10. Usual occupation Farmer

11. Industry or business
12. Name Thomas Lionberger
13. Birthplace West Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Tracy
15. Birthplace Don't know
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Garrie McCown
(b) Address Clinton Missouri

17. (a) Burial (b) Date thereof 7-24-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Good Hope

18. (a) Signature of funeral director Consolus Peers
(b) Address Clinton Mo

19. (a) July 24 1943 (b) Georgia Kitchener
(Date received local registrar) (Registrar's signature)

23. Signature G. P. Peers (M. D. or other) MD
Address Clinton Mo Date signed 7/26/43

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

2

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 7-43-791

Date Filed 8-6-43

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. E. Corvallis
Licensed Embalmer No. 1891

P. O. Address.....

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.