

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41879

FILED DEC 22 1943

State File No. ....

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 390.

1. PLACE OF DEATH:

(a) County Cape Girardeau  
(b) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Francis Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 30 minutes  
(Specify whether  
In this community 30 Years  
years, months or days)

3. (a) PRINT FULL NAME Mason 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 Phenia Windeknecht 6. (c) Age of husband or wife if alive        years  
7. Birth date of deceased November 6th 1883  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
60 1 1 hr. min.

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

10. Usual occupation Postal Carrier for Cape Girardeau Post Office

11. Industry or business Girardeau Post Office

12. Name Louis F. Thomas

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

14. Maiden name Evelyn Kinder

15. Birthplace Gravel Hill Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Phenia Thomas

(b) Address Cape Girardeau, Missouri

17. (a) Burial (b) Date thereof 12-10-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lorimier Cemetery

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

(b) Address Cape Girardeau, Missouri

19. (a) 12-13-43 (b) P. H. Phelps  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau  
(c) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1017 Perry Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country       

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 7th  
year 1943 hour 10 minute 30 M.

21. I hereby certify that I attended the deceased from Dec 7 43 to Dec 7 43  
that I last saw him alive on Dec 7 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Angina pectoris

Due to ✓

Due to ✓

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

Major findings: Of operations ✓

Of autopsy ✓

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(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 ✓

23. Signature Thos. Phelps (M. D. or other)

Address Cape Girardeau Date signed 12-13-43

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

MOTHER FATHER

DEC 22 1944

RECEIVED

District Health Officer No. 4  
District File Number 1243-3085  
Date Filed 12-21-43

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 Howard R. Harmon  
Licensed Embalmer No. 4122  
P. O. Address Cape Girardeau

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.