

FILED APR 15 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 8096

Registration District No. 16

Primary Registration District No. 2296

Registrar's No. 27

1. PLACE OF DEATH

(a) County Cape Girardeau  
(b) City or town Rural Kinder  
(If outside city or town limits, write "RURAL" and name of town)  
(c) Name of hospital or institution 2 miles west Burfordville  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Entire Life (Specify whether  
In this community Entire Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cape Girardeau  
(c) City or town Rural Kinder  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2 miles west Burfordville  
(If rural, give location)  
(e) Citizen of foreign country?  (Yes or No)  
If yes, name country USA

3. (a) PRINT FULL NAME WILLIS MANSON THOMAS

3. (b) If veteran,  name war WWI  
3. (c) Social Security No. 1-1-1

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 4 day 6 year 1948 hour 12 minute 05 AM

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Bessie Burnett Thomas 6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased June 26, 1876  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 1946 to April 6, 1948  
that I last saw him alive on April 4, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Bronchitis & influenza  
Due to Influenza  
Due to none

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>9</u>	<u>10</u>	hr. min.

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

10. Usual occupation Farming

11. Industry or business none

12. Name Louis Thomas

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

14. Maiden name Eveline Kinder

15. Birthplace near Burfordville Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant May Thomas

(b) Address Burfordville, Mo

17. (a) Burial (b) Date thereof 4-8-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grave Hill Cemetery

18. (a) Signature of funeral director J. Miller

(b) Address Jackson

19. (a) 4-10-48 (b) D. G. Suber  
(Date received local registrar) (Registrar's signature)

Other conditions none  
(Include pregnancy within 8 months of death)

Major findings: none  
Of operations none  
Of autopsy none

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) none  
(b) Date of occurrence 4-6-48  
(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? none  
While at work? none (Specify type of place)  
(e) Means of injury none  
23. Signature D. G. Suber M. D. or other none  
Address Jackson Mo Date signed 4-10-48

PHYSICIAN  
Underline the cause of death which should be charged statistically.

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

APR 29 1948

RECEIVED

District Health Officer No. 4  
District File Number 448-502  
Date Filed 4-14-48

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 Gene C. Crockett  
Licensed Embalmer No. 4327  
P. O. Address Sachsen, Ma.

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.