

APR 11 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

12126  
Do not use this space.

1. PLACE OF DEATH

(a) County ST. FRANCOIS 1 Registration District No. 775  
 (b) Township PENNY 1 Primary Registration District No. 6020-A Registered No. 19  
 (c) City BONNE TERRE (d) Street No. B.T. Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

525 CARL D. THOMASSON  
 (a) Residence, No. BONNE TERRE RURAL RESERVE, St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 23, 1882  
 7. AGE YEARS 56 MONTHS 11 DAYS 10 If LESS than 1 day, ..... hrs. or ..... min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. MINISTER  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) NEAR CANTWELL  
 (STATE OR COUNTRY) MISSOURI

FATHER 13. NAME JOHN THOMASSON

14. BIRTHPLACE (CITY OR TOWN) TENN.   
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME MARY HILEY

16. BIRTHPLACE (CITY OR TOWN) MISSOURI  
 (STATE OR COUNTRY)

17. INFORMANT SHELT. THOMASSON  
 (ADDRESS) FLAT RIVER, MO.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE MAUVIN CHAPEL DATE 3-5 1939

19. FUNERAL DIRECTOR (NAME) C. Z. BOYER  
 (ADDRESS) DESLOGE MISSOURI

20. FILED March 4 1939 M. W. Hawkins  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 2 1939  
 22. I HEREBY CERTIFY, That I attended deceased from Feb. 26 1939, to Mar 3 1939  
 I last saw him alive on 3-2 1939. Death is said to have occurred on the date stated above, at 8 a. m.  
 The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage  
171  
 Other contributory causes of importance:  
Chronic hypertension and chronic nephritis.  
 Date of onset 2-26-39

Name of operation none Date of.....  
 What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify.....  
 (Signed) H. Koebler M. D.  
 (Address) Bonnie Terra, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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 *B. J. Boyer*

Licensed Embalmer No. *3660*

P. O. Address *DESHOGUE, 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, above space should be left blank.**