

MAY 15 1940

Registration District No. 773

Primary Registration District No. 4464

Registrar's No. 82

## 1. PLACE OF DEATH:

(a) County St. Francois  
(b) City or town Farmington  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 2

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)In this community \_\_\_\_\_  
years, months or days3. (a) PRINT FULL NAME CHARLES, M. THOMAS <sup>560</sup>

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 Married6. (b) Name of husband or wife Mollie Thomas 6. (c) Age of husband or wife if alive \_\_\_\_\_ years7. Birth date of deceased May 1st 1868  
(Month) (Day) (Year)8. AGE: Years 73 Months 11 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace St. Genevieve (City, town, or county) (State or foreign country) Mo10. Usual occupation Carpenter 011. Industry or business Retired12. Name Bernia Thomas 013. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) Missouri14. Maiden name Rosena Adams15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) Mo16. (a) Informant's own signature Joseph E. Thomas(b) Address Bedage Mo.17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4. 9 1940  
(Month) (Day) (Year)  
Catholic Farmington Mo

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director C. J. By(b) Address Bedage Mo19. (a) April 9, 1940 (b) V. J. Robinson  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois(c) City or town Farmington  
(If outside city or town limits, write "RURAL")(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7  
year 1940 hour 8:20 minute P.M.21. I hereby certify that I attended the deceased from 3-15-40  
[REDACTED], 1940, to 4-7, 1940that I last saw him alive on 4-6, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Cardiac FailureDue to Chronic Nephritis  
Chronic myocarditisDue to arterial sclerosis  
HemiplegiaOther conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death) 171Major findings: \_\_\_\_\_  
Of operations LOf autopsy L

Duration

few  
daysless  
than  
twoweeks  
and  
moreL

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged statistically.

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 \_\_\_\_\_23. Signature Paul J. Jones (M. D. or other)Address Flat Room, MO Date signed 4-8-40

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**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.....

*C. J. Boyer*

Licensed Embalmer No.....

*1671*

P. O. Address.....

*Residence 2000*

**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.**