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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18111

State File No. _____

Registration District No. 133

Primary Registration District No. 5185

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Carroll Co.
(b) City or town Carroll
(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 days

3. (a) PRINT FULL NAME William Edward 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 Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 1 6 1852
(Month) (Day) (Year)

8. AGE: Years 88 Months 4 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Illinois 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas
13. Birthplace Ill
(City, town, or county) (State or foreign country)
14. Maiden name Pardusile
15. Birthplace Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Chas Anderson

(b) Address Bogard Mo

17. (a) Cheruephi (b) Date thereof 5-16-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director E.A. Dickerson

(b) Address Bogard Missouri

19. (a) 5-16-1940 (b) Jarvis Anderson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll
(c) City or town 0 (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 5 day 14
year 1940 hour 1:30 AM minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Accidentally burned to death

Due to House fire

Due to _____

Other conditions (Include pregnancy within 3 months of death) 150

Major findings: _____
Of operations _____
Of autopsy _____

Duration _____
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) Accident

(b) Date of occurrence Country House

(c) Where did injury occur? monahan Carroll Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
128 (Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature E.A. Dickerson Crowder
(Name of other) _____

Address Bogard Mo Date signed 5/16/1940

RECEIVED
District Health Officer No. 8,
District File Number
Case Filed 6-11-40

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.