

Registration District No. 391

Primary Registration District No. 42305546A Registrar's No. 37

1. PLACE OF DEATH:

(a) County Iron
(b) City or town Rural Arcadia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City limits of Ironton Mo. 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 2 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 2 miles north of Pilot Knob
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19
year 1940 hour 10 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Fracture of skull

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) accident

(b) Date of occurrence May 19 - 1940

(c) Where did injury occur? near Pilot Knob Iron Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
9:15 about home
While at work? no (Specify type of place) (e) Means of injury hit by car

23. Signature J. H. Martin (M. D. or other)
Address Ironton Date signed May 22 1940

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3. (a) PRINT FULL NAME John Robert Thomlinson 545

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased Feb. 7 1938
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 3 12 hr. _____ min.

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

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER { 12. Name Robert E. Thomlinson

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

14. Maiden name Viola Tyndell

15. Birthplace Lake Co. Mich (City, town, or county) (State or foreign country)

16. (a) Informant Robert E. Thomlinson

(b) Address Pilot Knob Mo.

17. (a) burial (b) Date thereof May 20, 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pilot Knob Cem.

18. (a) Signature of funeral director Norman White & Sons

(b) Address 215 White Ironton Mo.

19. (a) May 20 - 40 (b) Julius Dunton
(Date received local registrar) (Registrar's signature)

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 Arnell D. White

Licensed Embalmer No. 3012

P. O. Address

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.