

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21792

State File No.

Registration District No. 944

Primary Registration District No. 5447-B

Registrar's No. 34

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Stafford
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Stafford Route 1
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Stafford
(If outside city or town limits, write "RURAL")
Rural Route 1
(If rural, give location)
(d) Street No. _____
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
year 1940 hour 1:30 minute A. M.
21. I hereby certify that I attended the deceased from June 11 1940 to June 13 1940
that I last saw him alive on June 11 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Leukemia
Myelogenous
Due to unknown

Duration
2 to 3
mo

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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? _____

23. Signature W. T. Walsh (M. D. or other) _____
Address Springfield State signed 6/14/40

3. (a) PRINT FULL NAME ROBERT WALTER 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 Married

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

7. Birth date of deceased June 23 1879
(Month) (Day) (Year)

8. AGE: Years 60 Months 4 Days 20
If less than one day _____ hr. _____ min.

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

10. Usual occupation Filling Station Operator

11. Industry or business _____

12. Name Joe Thomas

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

14. Maiden name Susan King

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Lulu Thomas

(b) Address Stafford Route 1

17. (a) Route 1 (b) Date thereof June 15, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Lawn

18. (a) Signature of funeral director W. T. Walsh

(b) Address Springfield, Mo.
(c) 14-40 (d) Walsh
(Date of local registrar) (Registrar's signature)

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

RECEIVED

Greene County Health Office,

County File Number 40-7-47

Date Filed 7-10-40

MARCH 25 1941

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

Cyle Stone Jr

Registered Apprentice No. 232

working under my personal supervision.

Signed *William Max Thode*

Licensed Embalmer No. 4071

P. O. Address *Pungfield*

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.