

Registration District No. 318

Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Burge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 45 minutes
(Specify whether years, months or days) 45 minutes

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster
(c) City or town Seymour
(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 Aug day 24
year 1940 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw him ^{alive on} 8-24-40 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Shock

Due to Compound fracture of femur

Due to Basal Skull Fracture

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 8/24/40
(c) Where did injury occur? Seymour Webster Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Highway

While at work? _____ (Specify type of place) _____
(a) Means of injury Riding on beach
pushed by tide

Signature R. E. White (M. D. or other) _____
Address Cowan Greene County Date signed 8/24/40

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 Norxon Earl Thomas

3. (b) If veteran, name war no 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 November 4 1926
(Month) (Day) (Year)

8. AGE: Years 13 Months 9 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation Child

11. Industry or business _____

12. Name Le Roy Thomas

13. Birthplace not given Mo
(City, town, or county) (State or foreign country)

14. Maiden name not given

15. Birthplace not given Mo
(City, town or county) (State or foreign country)

16. (a) Informant Leroy H Thomas

(b) Address Seymour Mo

17. (a) buried (Burial, cremation, or removal) (b) Date thereof 8-28-40
(Month) (Day) (Year)

(c) Place: burial or cremation Seymour Mo

18. (a) Signature of funeral director Kelley Funeral Home

(b) Address Seymour Mo

19. (a) 26-26-40 (Date received local registrar) (b) N. E. Handley (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 K. H. Kelley
Licensed Embalmer No. 03334
P. O. Address Raymond 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.