

No. 2
13-40
7-39
K23139

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38311

State File No. _____

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 319

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
State Hosp #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 yrs, 1 mo, 4 days
(Specify whether years, months or days) 3

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

(c) City or town Palmyra
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Pearl Thomas

3. (b) If veteran, name war _____

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 28 year 1940 hour 9 minute 50 P.M.

4. Sex Female 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 (Month) 12 (Day) 1906 (Year)

21. I hereby certify that I attended the deceased from: Nov 16, 1938 to Nov 28, 1940, that I last saw her alive on Nov 28, 1940, and that death occurred on the date and hour stated above.

8. AGE: Years 34 yrs Months 12 Days _____ If less than one day hr. _____ min. _____

Immediate cause of death Acute pyo-nephritis 6 days

Due to Pyemia 6 days

Due to _____

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

Other conditions Uremia 6 days
(Include pregnancy within 3 months of death)
Bronchitis Pneumonia

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name Lafe Thomas 9

13. Birthplace Unknown 0
(City, town, or county) (State or foreign country)

14. Maiden name Overhoun

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

Major findings: _____
Of operations _____

Of autopsy As quereator

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Hog Records

(b) Address State Hosp #1, Fulton Mo.

17. (a) Burial (b) Date thereof Dec 4, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hospital Grounds

18. (a) Signature of funeral director L. P. Thomas

(b) Address 302 Market St. Fulton Mo

19. (a) Dec 4, 1940 (b) R. N. Crewe
(Date received local registrar) (Registrar's signature)

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? 10-6

While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature George W. Forman (M. D. or other) MD
Address State Hosp #1, Fulton Mo Date signed 12-3-40

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

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 with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.