

FILED JAN 16 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

42640
Do not use this space.

1. PLACE OF DEATH

(a) County HENRY Registration District No. 347
 (b) Township FIELDS CREEK Primary Registration District No. 54903-18 Registered No. 88
 (c) City CLINTON (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 2 yrs. 1 mos. 4 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME EPHRAIM ELLIAS THOMAS

(a) Residence, No. 416 W. JEFFERSON St. (If nonresident, give city or town and State)
 (Usual place of abode, if the street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF IYA SOPHROVIA THOMAS
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 21, 1875
 7. AGE YEARS 65 MONTHS 6 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. WOOD WORKER
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WINDSORVILLE, MO.

13. NAME JOHN BUTLER THOMAS

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

15. MAIDEN NAME SARRAH SMOTHER

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT (ADDRESS) Mr. Ephraim Thomas Clinton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cypresswood DATE Dec 11 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. Tansant Clinton Mo.

20. FILED Dec 23 1940 Dr. J. H. Hampton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 8th 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec 8th 1940, 1940, 19 , 19 .
 I last saw alive on , 19 . Death is said

to have occurred on the date stated above, at 4:45 P.M.
 The principal cause of death and related causes of importance were as follows:

He was dead when I saw him. From the history probably a coronary occlusion.

Other contributory causes of importance: 9418

Name of operation none Date of no
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19 .
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify Ed. E. Peeler M. D.
 (Signed) Clinton Mo. (Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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DECEASED
Death Officer No. 7,
Certificate Number 1-41-29
Date Filed 1-3-41

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, ~~only~~

H. H. Vansant

Registered Apprentice No.

working under my personal supervision.

Signed H. H. Vansant

Licensed Embalmer No. 3779

P. O. Address Chilton, 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.