V. S. No. 2
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Rev. 5-17-39
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RECD MAR 11 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7009

Registration District No. 318 | Primary Registration District No. 5440 | Registrar's No. 172

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

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:
Medical Center for Federal Prisoners.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Month 1 Day. (Specify whether years, months or days)
In this community 1 Month 1 Day. 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Alabama. (b) County Walker. 3-9
(c) City or town Jasper. 0
(If outside city or town limits write "RURAL")
(d) Street No. 2614 Corona Ave. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME THOMAS, Willie

3. (b) If veteran, name war None.
3. (c) Social Security No. Unknown.

4. Sex Male.
5. Color or race Negro.
6. (a) Single, widowed, married, divorced C/L/ Wife
6. (b) Name of husband or wife Frances Fort
6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased May 26, 1900 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
40	9	0	hr. min.

9. Birthplace Montgomery County, (City, town, or county) Alabama. (State or foreign country)
10. Usual occupation Laborer.
11. Industry or business
12. Name Doc Thomas, (Father)
13. Birthplace Unknown. (City, town, or county) Unknown (State or foreign country)
14. Maiden name Minnie Rogers, (Mother)
15. Birthplace Montgomery, County, Alabama. (City, town, or county) (State or foreign country)
16. (a) Informant Deceased.
(b) Address
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-27-41 (Month) (Day) (Year)
(c) Place: burial or cremation Jasper, Alabama
18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Mo.
19. (a) 2-27-41 (Date received local registrar) (b) A. M. Hundley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 26 year 1941 hour 2 minute 10 P.M.
21. I hereby certify that I attended the deceased from January 25, 1941, to February 26, 1941; that I last saw him alive on February 26, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Tuberculosis, Pulmonary, Chronic, Bilateral, Active, with Cavitation	3 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Tuberculosis of Intestines	3 yrs.
Tuberculosis of the Larynx - 3 yrs.	

Major findings:
Of operations
Of autopsy Confined Clinical Findings, as set forth above.

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

23. Signature M R Lung (M. D. or other)
Address ~~Clinical Director~~, Springfield, Missouri. Date signed 2-27-41

(Licensed Embalmer's Statement on Reverse Side)

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 Wayne Hinkle

Licensed Embalmer No. 3444

P. O. Address Springfield Ohio

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.