S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7529

RECEIVED MAR 19 1941

Registration District No. 529

Primary Registration District No. 5705

Registrar's No.

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

1. PLACE OF DEATH:
(a) County Macon
(b) City or town Chariton Tp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 Mo (b) County Macon 1
(c) City or town Chariton Twp 0
(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.? 0 years.

3. (a) PRINT FULL NAME Elijah Thomas
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug (Month) 5 (Day) 1845 (Year)

8. AGE: Years 95 Months 5 Days 3 If less than one day hr. min.

9. Birthplace (City, town, or county) 1 Virginia (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Dont Know
13. Birthplace (City, town, or county) " " 4 (State or foreign country)
MOTHER
14. Maiden name " "
15. Birthplace (City, town, or county) " " 4 (State or foreign country)
16. (a) Informant Wade Webster
(b) Address College Mound Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jany 10-41 (Month) (Day) (Year)
(c) Place: burial or cremation College Mound
18. (a) Signature of funeral director Albert Skinner
(b) Address Macon Mo
19. (a) Jan-20-41 (Date received local registrar) (b) Mrs R. W. Dowell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jany day 8 - 1941
year 1941 hour 12:30 minute P M.

21. I hereby certify that I attended the deceased from January 6, 1941, to January 8, 1941; that I last saw him alive on January 8, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Flu and Pericarditis — Duration 2 Days

Due to

Due to 33 B

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy no

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

23. Signature F. L. Trippeer (M. D. or other) 0
Address College Mound Mo Date signed Jan-10

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 3-41-535
Date Filed MAR 10 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.....

....., 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.