

Registration District No. 384Primary Registration District No. 4227

Registrar's No. \_\_\_\_\_

## 1. PLACE OF DEATH:

(a) County Howell  
 (b) City or town West Plains,  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
West Plains Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution less than 1 hr.  
 In this community Six years (Specify whether  
 years, months or days)

3. (a) PRINT FULL NAME ORVIL THOMAS8. (b) If veteran,  
name war \_\_\_\_\_3. (c) Social Security  
No. 409-16-79354. Sex Male 5. Color or  
race White 6. (a) Single, widowed, married,  
divorced Married6. (b) Name of husband or wife  
Lucille Phillips Thomas 6. (c) Age of husband or wife if  
alive 22 years7. Birth date of deceased March 4 1906  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
35 0 28 \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace Newton Co., Jasper, Arkansas.  
(City, town, or county) (State or foreign country)10. Usual occupation Truck Driver (1 1/2 weeks)11. Industry or business Hauling logs12. Name Luther Thomas13. Birthplace Swain, Arkansas  
(City, town, or county) (State or foreign country)14. Maiden name Lula Mays15. Birthplace Ky.  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature W A Phillips(b) Address WEST PLAINS, MO. 303 E. Cleveland17. (a) Burial (b) Date thereof Apr. 5, 1941  
(Burial, cremation, or removal) Oak Lawn Cem. (Month) (Day) (Year)(c) Place: burial or cremation West Plains, Mo.18. (a) Signature of funeral director Hal Stoumbough(b) Address West Plains, Mo.19. (a) 4-5-41 (b) Vida W SIMONS  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell  
 (c) City or town West Plains  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 303 East Cleveland  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2  
year 1941 hour 2: minute 52 P. M.21. I hereby certify that I attended the deceased from  
4/2, 1941, to 4/2, 1941  
that I last saw him alive on 4/2/41, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Internal  
myositis estrius perineal  
laceration extending into  
 Due to abdominal cavity, fract  
Rhip. p. v. multiple, fract. 2nd. rib  
 Due to Fract. of vert. & 1st. Rib. Spine  
possible skull fract  
 Other conditions well log fall off truck  
 (Include pregnancy within 3 months of death)

Major findings:  
Of operations penury thin underneathOf autopsy 186 P.

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident  
 (b) Date of occurrence 4/2/41  
 (c) Where did injury occur? West Plains Mo  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Industrial Plant of 4th St. & N. Hill  
 (Specify type of place)  
 While at work? Yes (e) Means of injury \_\_\_\_\_

23. Signature Maurice Thompson (M. D. or other) MD  
Address West Plains Mo Date signed 4/2/41

RECEIVED

District Health Officer No. 5,

District File Number. 54116 01

Date Filed \_\_\_\_\_

**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 Hal Thompson

Licensed Embalmer No. 3408

P. O. Address West Plains

**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.**