

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED OCT 14 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31139

Registration District No. 89

Primary Registration District No. 5131

Registrar's No. 258

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Fisk
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospitals or institution 35 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler
(c) City or town Fisk
(d) Street No.:
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME George Thomas

8. (b) If veteran, none name war: 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Nancy Thomas 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased: July 27, 1875
(Month) (Day) (Year)

8. AGE: Years 66 Months 1 Days 17
If less than one day hr. min.

9. Birthplace: Springfield Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business farming

12. Name unknown

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

14. Maiden name Jane

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

16. (a) Informant's own signature Pearl Givens

(b) Address Fisk, Mo.

17. (a) Burial (b) Date thereof 9-16-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ash Hill

18. (a) Signature of funeral director Marshall Harris

(b) Address Fisk, Missouri

19. (a) 9-15-41 (b) Belle KINNE
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 14
year 1941 hour 18 minute 50 P. M.

21. I hereby certify that I attended the deceased from about
Sept 13, 1941, to Sept 14, 1941;
that I last saw him alive on Sept 13, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia
2 days

Due to 10

Other conditions Sclerosis of brain
(Include pregnancy within 3 months of death)
and heart weakness

Major findings:
Of operations

Of autopsy

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?

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

23. Signature R. E. Tarpley (M. D. or other)

Address Fisk Date signed Sept 15 1941

RECEIVED

District Health Office No. 2,

District File Number 1041-1381

Date Filed 10/8/41

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Wallace W. Fitch

Licensed Embalmer No. 3859

P. O. Address

Poplar Bluff, 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.