

FILED DEC 10 1941
Registration District No. 871

Primary Registration District No. 4525-6154

State File No. _____

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Metz
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 60 Years / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon 108
(c) City or town Metz (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Edward Thomas

3. (b) If veteran, name war _____ 3. (c) Social Security No. A 471-08

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased Nov 17 1869 (Month) (Day) (Year)

8. AGE: Years 72 Months 7 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Rail Road Laborer

11. Industry or business _____

12. Name James Thomas
13. Birthplace Illinois (City, town, or county) (State or foreign country)
14. Maiden name Amanda Hendricks
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Mary Thomas
(b) Address Metz Mo.

17. (a) Burial (b) Date thereof Nov 26 41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pryor Creek Cemetery

18. (a) Signature of funeral director Rich Hill

(b) Address Rich Hill Mo.

19. (a) 11/26-41 (b) Thomas Wilson (Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 24 year 1941 hour 1 minute 09 A.M.

21. I hereby certify that I attended the deceased from Nov 20 1941 to Nov 24 1941; that I last saw him alive on Nov 23 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due Arterial Hypertension
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 430
Of autopsy _____
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?

23. Signature Rich Hill (Specify type of place) (M. D. or other)
Address Rich Hill Mo. Date signed 11/25/41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7

District File Number 12-41-1982

Date Filed 12-8-46

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed

Adson Pearley

Licensed Embalmer No. 2230

P. O. Address Rich Hill Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.