

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. Hoover
41941
State File No.
Registrar's No. 1014

FILED JAN 21 1942
Registration District No. 378

Primary Registration District No. 2001

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield, Mo.
(c) Name of hospital or institution: Burge Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Hours
In this community 4 Hours
(Specify whether years, months or days)

3. (a) PRINT FULL NAME William Stevens Thomas
3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Inf. 6. (c) Age of husband or wife if alive X X years
7. Birth date of deceased Dec. 30 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
✓ 0 0 0 4 hr. min.

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

10. Usual occupation Inf.

11. Industry or business Inf.

MOTHER FATHER
12. Name Prestley Thomas
13. Birthplace Windsor Nebraska
(City, town, or county) (State or foreign country)
14. Maiden name Marjorie Clarke
15. Birthplace Linn Creek Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Prestley Thomas
(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof Dec. 31 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 12-31-41 (b) W. E. Handley M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 500 E. Grand
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30
year 1941 hour 8 minute 15 a.m.

21. I hereby certify that I attended the deceased from Birth (34 1/2 am)
12-30, 1941, to 12-13, 1941;
that I last saw him alive on 12-30, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Baby never breathed after birth, life sustained 4 1/2 hours by artificial respiration

Due to Double foisting breach

Other conditions Normal infant.
(Include pregnancy within 3 months of death)

Major findings:
Of operations 160C
Of autopsy

Duration

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?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature H. Hoover (M. D. or other)

Address Springfield, Mo. Date signed 12/30/41

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

4
2
6

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.

This Body Not Embalmed.

Signed.....

Licensed Embalmer No.....

H.H. Lohmeyer Funeral Home

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.