

FILED FEB 12 1942

Registration District No. **608-1167** Primary Registration District No. **5699**

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

1. PLACE OF DEATH
 (a) County **Donald**
 (b) City or town **Rocky Comfort**
 (c) Name of hospital or institution: **Rehoboth Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **9 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **James Henry Thomason**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Melinda F. Thomason** 6. (c) Age of husband or wife if alive **53** years
 7. Birth date of deceased **October 4 1871**
 (Month) (Day) (Year)

8. AGE: Years **70** Months **2** Days **27** If less than one day _____ hr. _____ min.

9. Birthplace **Boone County Ark.**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____
 12. Name **Young J. Thomason**
 13. Birthplace **Unknown Unknown**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Adams Lee**
 15. Birthplace **Unknown Unknown**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Melinda F. Thomason**
 (b) Address **Rocky Comfort, Mo.**

17. (a) **Burial** (b) Date thereof **Jan 1, 1942**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Rocky Comfort**

18. (a) Signature of funeral director **Roon Funeral Home**
 (b) Address **Cassville, Mo.**

19. (a) **Jan 9 42** (b) **Dana Gerstner**
 (I received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **McDonald**
 (c) City or town **Rocky Comfort** (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 _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Dec** day **31** year **1941** hour **7** minute **30 A.** M.
 21. I hereby certify that I attended the deceased from **Nov-30**, 1940, to **Dec-31**, 1941
 that I last saw him alive on **Dec-29**, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Tuberculosis**
 Duration **2 yrs**

Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death) **13 lb**

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 **O. S. McCall** (M. D. or other) _____
 Address **Wheaton Mo** Date signed **1/25/42**

PHYSICIAN
 Underline the cause to which death should be charged statistically.

468

RECEIVED

District Health Officer No. 6,

District File Number 242-205

Date Filed FEB 11 1942

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed ~~by me, or by~~

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

Signed

Eugene Wood

Licensed Embalmer No.

3804

P. O. Address

Cassville, 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, fact should be so stated above.