No. 2
1-4-41
1 39
26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1942

Registration District No. 8259

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6130

State File No. 3908

Registrar's No. 5

1. PLACE OF DEATH:
(a) County: Taney
(b) City or town: Hollister
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 Olive St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Taney 106
(c) City or town: Hollister 6
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Jonnie Thomas
3. (b) If veteran, name war: no
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 .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: July (Month) 30 (Day) 1918 (Year)

8. AGE: Years 23 | Months 5 | Days 7 | If less than one day ..... hr. ..... min.

9. Birthplace: Nifa (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business .....
FATHER
12. Name: Omer Thomas
13. Birthplace: (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name .....
15. Birthplace: (City, town, or county) (State or foreign country)
16. (a) Informant: Omer Thomas
(b) Address: Hollister, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 7 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Gobler Knob
18. (a) Signature of funeral director: P. A. Thornhill
(b) Address: Branson, Mo.
19. (a) 1-5-1942 (Date received local registrar) (b) Mary Muller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4th year 1942 hour 6 minute pm M.
21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h..... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Shot + Killed in a fight on Street
Due to: of Hollister Mo.
Due to: .....
Other conditions (Include pregnancy within 3 months of death) .....
Major findings:
Of operations .....
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: 1-3-1941
Where did ~~injury~~ occur? Hollister (City or town) Mo (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Main Street (Specify type of place)
While at work? — (e) Means of injury .....
23. Signature: P. A. Thornhill (M.D. or other) J. P. & Coroner
Address: Branson Mo Date signed: 1/5/42

(Licensed Embalmer's Statement on Reverse Side)

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.....

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

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

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

S. No. 2B
M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2908

Registration District No. 859 Primary Registration District No. 6130 Registrar's No.

1. PLACE OF DEATH:
(a) County: Taney
(b) City or town: Hollister (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 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Lonnie Thomas
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: July (Month) 30 (Day) 1918 (Year)

8. AGE: Years 23 Months 5 Days If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. Day 4 year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Due to: Shot in a fight on the streets of
Due to: Hollister Mo.
Due to: 2 shots thro. stomach
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 166

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) Homicide
(b) Date of occurrence 1-3-42
(c) Where did injury occur? Hollister (City or town) Mo. (County) (State)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (c) Means of injury

23. Signature P. A. Thomason Co. Coroner (M. D. or other)
Address Branson Mo. Date signed 1-4-1942

SUPPLEMENTARY