DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 11 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6970

Registration District No. 408 | Primary Registration District No. 3020 | Registrar's No. 32

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Carthage (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCune Brooks Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 Days (Specify whether years, months or days)
In this community: ~~4 Months~~

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: Carthage (If outside city or town limits, write "RURAL")
(d) Street No.: 309 N Main St. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: ~~Frances Arlene Thomas~~
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: None
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Nov. (Month) 22 (Day) 1941 (Year)

8. AGE: Years	Months	Days	If less than one day
0	2	26	hr. min.

9. Birthplace: Picher (City, town, or county) Okla. (State or foreign country)
10. Usual occupation: None
11. Industry or business: None
12. Name (Father): Everett Thomas
13. Birthplace (Father): Springfield (City, town, or county) Missouri (State or foreign country)
14. Maiden name (Mother): Leta Knight
15. Birthplace (Mother): Carthage (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Leta Thomas
(b) Address: 309 N Main Carthage Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 19 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Dudman Cemetery
18. (a) Signature of funeral director: Knell Mortuary
(b) Address: Carthage Mo.
19. (a) Feb 19 1942 (Date received local registrar) (b) Elizabeth Coughlin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 17 year 1942 hour 4:00 minute P. M.
21. I hereby certify that I attended the deceased from 2-16-42, 19__, to 2-17, 19__, that I last saw h. alive on 2-17-42, 19__, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	17 Days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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? (Specify type of place)
While at work?
(e) Means of injury
23. Signature: J. M. Wilson (M. D. or other)
Address: 204 Burnett Anthony Date signed: Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

42.2.130

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 John D Batchelder

Licensed Embalmer No. 4153

P. O. Address Carthage 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.

S. No. 2B
M—8-21-41
I X29288

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

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State File No. 6970

Registration District No. 408 Primary Registration District No. 3020 Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Carthage
(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 years, months or days)
In this community

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 Frances A. Thomas
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov (Month) 22 (Day) 1869 (Year)

8. AGE: Years — Months 2 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 Feb. Day
year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 19 , 19 ;
that I last saw him alive on 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	
Due to Infection of Pneumococcus	
Due to (No Needles Patients etc.)	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 107	

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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work (specify type of place) (c) Means of injury
23. Signature (M. D. or other)
Address Date signed 4-6-42

SUPPLEMENTARY