. S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10971

Registration District No. 398 Primary Registration District No. 3019 Registrar's No. 68

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence Mo City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Independence Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days 0 (Specify whether
In this community no
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray 089

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. About 2 miles west of Camden Mo
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country no 1

3. (a) PRINT FULL NAME LeMack Thomas

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male 0

5. Color or race white

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife no

6. (c) Age of husband or wife if alive no years

7. Birth date of deceased 2 (Month) 8 (Day) 1941 (Year)

8. AGE: Years 1 Months 0 Days 29 If less than one day hr. min.

9. Birthplace Richmond Ray Co (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation none

11. Industry or business none

FATHER
12. Name Estel Thomas
13. Birthplace Camden Ray Co (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Mary M. McCormack
15. Birthplace Orrick Ray Co (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Estel Thomas
(b) Address Camden Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-9-42 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Sunnyslope Cemet Richmond Mo

18. (a) Signature of funeral director C. V. Gibson
(b) Address Orrick Missouri

19. (a) 3-8-1942 (Date received local registrar) (b) James W. Ross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 7 year 1942 hour 1:10 minute a M.

21. I hereby certify that I attended the deceased from 3-5-42 to 3-7- 1942 3-7- 1942 that I last saw ~~him alive~~ on 3-7- 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumococcic meningitis	3-5-42
Due to Pharyngitis of Pneumococcic infection	
Due to Subsequent Septicaemia & meningitis	2-28-42
Other conditions (Include pregnancy within 3 months of death) 81a	

Major findings: Of operation Pneumococci in spinal fluid in great numbers
Of autopsy none made

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 C H Allen (M. D. or other) M-D
Address Independence, Mo Date signed 3-8-42

1163 (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 C. V. Gibson, Registered Apprentice No. ....., working under my personal supervision.

Signed C. V. Gibson

Licensed Embalmer No. 2299

P. O. Address Orrick 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.