No. 2
1-4-41
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X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11371

FILED APR 24 1942

Registration District No. 5523

Primary Registration District No. 57-4-64328

Registrar's No. 17

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

1. PLACE OF DEATH:
(a) County Mercer County
(b) City or town Princeton, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: County Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 2 years (Specify whether
In this community years, months or days) all his life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Mercer
(c) City or town (Rural) (Lindley Twp)
(If outside city or town limits, write "RURAL")
(d) Street No. 065
(If rural, give location) 0
(e) Citizen of foreign country? no, (Yes or No) 0
If yes, name country 0

3. (a) PRINT FULL NAME James R. Thomas

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec 8, 1879 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
62	2	28	hr. min.

9. Birthplace Mercer, Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation farmer

11. Industry or business

FATHER
12. Name James W. Thomas
13. Birthplace unknown (City, town, or county) Wilson (State or foreign country) 9

MOTHER
14. Maiden name
15. Birthplace unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs Geo. Swingle
(b) Address Mercer, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 7, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Middlepoint

18. (a) Signature of funeral director Noel Moss
(b) Address Princeton Mo.

19. (a) Mar 7 1942 (Date received local registrar) (b) Jessie Alley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from March 1, 1942 to March 1, 1942
that I last saw him alive on March 1 1942, 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death cerebral hemorrhage	5 da.
Due to hypertension	6 yrs.
Due to nephritis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 131 b

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 Byron T. Axtell (M. D. or other) D.O.
Address Princeton, Mo. Date signed 2/6/42

(Licensed Embalmer's Statement on Reverse Side)

SEP 3 1942

AUG 18 1942

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 Me

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

working under my personal supervision.

Signed Hail Moss

Licensed Embalmer No. 2634

P. O. Address Pimalan M

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.