

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

14085

State File No. \_\_\_\_\_

FILED MAY 23 1942

Registration District No. 2013

Primary Registration District No. 2013

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Clinton  
(b) City or town Cameron, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(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 Missouri (b) County Clinton  
(c) City or town Cameron, MO.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 504 West 3rd.  
(If rural, give location) 1  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country XXXXXX

3. (a) PRINT FULL NAME William S. Thomas

3. (b) If veteran, name war no 3. (c) Social Security No. None

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Gertrude 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased. June 9 1865  
(Month) (Day) (Year)

8. AGE: Years 76 Months 9 Days 23 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Unknown 9 Unknown  
(City, town, or county) (State or foreign country)

10. Usual occupation Jeweler

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name W. A. Thomas

13. Birthplace unknown Pa.  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Matheny

15. Birthplace Unknown Pa.  
(City, town, or county) (State or foreign country)

16. (a) Informant Gertrude M. Thomas

(b) Address Cameron, Mo.

17. (a) Burial (b) Date thereof April 4, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maysville, Mo.

18. (a) Signature of funeral director J. W. Moore

(b) Address Cameron, Mo.

19. Apr 4, 1942 Mrs. Kathleen Harris  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2, year 1942 hour 3 minute 45 a. M.

21. I hereby certify that I attended the deceased from April 2 to April 2 1942 and that I last saw him alive on April 2 1942 and that death occurred on the day April 2 stated above.

Immediate cause of death Uremia

Due to Chronic Nephritis  
Due to Nephritis

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 1318  
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) (c) Means of injury 1

23. Signature Final Exam (M. D. or other) \_\_\_\_\_  
Address Cameron, Mo. Date signed 4/4/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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**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.....

Licensed Embalmer No. *1189*

P. O. Address *Camden, 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.**