

FILED JUN 18 1942

Registration District No. \_\_\_\_\_

Primary Registration District No. 2001

Registrar's No. 380

1. PLACE OF DEATH

(a) County Greene  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1109 N. Jefferson 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 65 yr years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene  
(c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1109 N. Jefferson  
(If rural, give location) \_\_\_\_\_  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WILLIAM SAMUEL THOMAS

3. (b) If veteran, name war NONE 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 ADELIA H. THOMAS 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Nov. 13 1876  
(Month) (Day) (Year)

8. AGE: Years 65 Months 6 Days 0 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace GREENE CO. MO. D  
(City, town, or county) (State or foreign country)

10. Usual occupation MERCHANT

11. Industry or business WHOLE SALE MERCHANT

MOTHER FATHER

12. Name Wm. C. THOMAS.

13. Birthplace HARLIN CO. KY. 1  
(City, town, or county) (State or foreign country)

14. Maiden name LAURA L. JEFFREYS.  
(City, town, or county) (State or foreign country)

15. Birthplace GREENE CO. MO. D  
(City, town, or county) (State or foreign country)

16. (a) Informant Lee Thomas

(b) Address Springfield Mo.

17. (a) Funeral (b) Date thereof May 15-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park Cem

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

(b) Address Springfield, Mo.

19. (a) 5-15-42 (b) O. W. Handley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13th  
year 1942 hour 2 minute 00 A. M.

21. I hereby certify that I attended the deceased from Mar 16  
1942 to May 12 1942  
that I last saw him alive on May 12 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Carcinoma of lung, left  
Due to lower lobe  
undetermined

Due to undetermined  
Other conditions rural HFD  
(Include pregnancy within 3 months of death)

Major findings: Cancer cells drawn  
Of operations from mass in lung  
of autopsy none

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Wm. H. Selby (M. D. or other) MD  
Address Springfield, Mo. Date signed \_\_\_\_\_

39  
2  
6  
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..... *J. O. Klingner*  
Licensed Embalmer No. *3358*  
P. O. Address..... *Springfield, 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.**

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