

No. 2  
-1-4-41  
5-17-39  
K26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

41147

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

FILED JAN 14 1942

Registration District No. 170

Primary Registration District No. 3083

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Rockledge

(b) City or town Lebanon Mo

(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 Mo (b) County Rockledge 53

(c) City or town Lebanon Mo (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 Henry A Thomas

3. (b) If veteran, ✓ name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13 year 1942 hour 11 minute 50 A M.

21. I hereby certify that I attended the deceased from Dec 12 1942 to Dec 13 1942 that I last saw him alive on Dec 12 1942 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race White

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

6. (b) Name of husband or wife Tilda Gillan

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

7. Birth date of deceased Aug 20 1869 (Month) (Day) (Year)

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

Cerebral hemorrhage

Due to hypertension

Duration 14 hrs

Due to \_\_\_\_\_

Duration unknown

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>3</u>	<u>23</u>	hr. _____ min. _____

9. Birthplace Cameron Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

MOTHER FATHER

12. Name John Thomas

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

14. Maiden name Unknown

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

Other conditions (include pregnancy within 3 months of death) Ja

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Press Walters

(b) Address 214 Lincoln St.

17. (a) Burial (b) Date thereof 12-16-42 (Month) (Day) (Year)

(c) Place: burial or cremation Bayless Cem

18. (a) Signature of funeral director E. H. Stewart

(b) Address Lebanon 300 R 23

19. (a) 12-14-42 (Date received local registrar)

(b) Ernie Roper (Registrar's signature)

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 \_\_\_\_\_

23. Signature James S. Hope (M. D. or other)

Address Lebanon, Mo Date signed 12/14/42

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

1090

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 170

District File Number 12-42-184

Date Filed 1-11-43

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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 E. N. Stewart

Licensed Embalmer No. 1885

P. O. Address Sebanon Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with this constitutes grounds for revocation of license.)

If the body is not embalmed, fact should be so stated above.