

FILED OCT 8 1943

Registration District No. 1525

Primary Registration District No. 3053

1. PLACE OF DEATH:

(a) County Phelps

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

(c) Name of hospital or institution: McLeone Seward Memorial Hosp.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days  
(Specify whether years, months or days)

In this community ages

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Shannon <sup>101</sup>

(c) City or town Rolla Rural <sup>0</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME William Hickman Thomas

8. (b) If veteran, name war ✓

8. (c) Social Security No. ✓

20. DATE OF DEATH: Month Sept day 17 - 43,  
year 43, hour 9-5 minute 30 M.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Genevra Thomas

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

7. Birth date of deceased: 1991  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept-10-  
1943 to Sept-17-  
1943  
that I last saw him alive on 9-17-  
and that death occurred on the date and hour above.

8. AGE: Years 52 Months \_\_\_\_\_ Days \_\_\_\_\_  
If less than one day hr. min.

Immediate cause of death Carcinoma of the pylorus Duration \_\_\_\_\_

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

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

10. Usual occupation Farmer

Other conditions None  
(Include pregnancy within 3 months of death)

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

Major findings: None <sup>46 f</sup>  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER { 12. Name Amon Thomas

FATHER { 13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Elyzabeth Conway

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

16. (a) Informant Wesley Thomas

(b) Address Rolla, Mo.

17. (a) Bural (b) Date thereof 9-18-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

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 farms, in industrial place, in public place? \_\_\_\_\_

18. (a) Signature of funeral director Hubert Ghanther

(b) Address Salisbury, Missouri

19. (a) 9-18-43 (b) Rolla, Mo.  
(Date received local registrar) (Registrar's license No.)

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

18. Signature Clarence Justice (M. D. or other) \_\_\_\_\_

Address Rolla, Mo. Date signed 9-18-43

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

71  
2  
2

**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. 3297

P. O. Address..... Rolla 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, above space should be left blank.**