S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 8 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14039

Registration District No. 27 Primary Registration District No. 5092 Registrar's No. 31

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Rural Lone Oak Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home /
(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 Bates 7

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Lone Oak Township 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country 0

3. (a) PRINT FULL NAME Marion Benefield Thomas

3. (b) If veteran, name war ____

3. (c) Social Security No. 496-16-0672

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Etta May Thomas

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased August (Month) 12 (Day) 1889 (Year)

8. AGE: Years 54 Months 8 Days 7 If less than one day ____ hr. ____ min.

9. Birthplace Near Butler (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business ____

FATHER
12. Name George W Thomas
13. Birthplace ____ (City, town, or county) Kansas / (State or foreign country)

MOTHER
14. Maiden name Branch Warren
15. Birthplace Athens (City, town, or county) Ohio / (State or foreign country)

16. (a) Informant Mrs May Thomas
(b) Address Butler Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 21 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview

18. (a) Signature of funeral director Culvers
(b) Address Butler Mo

19. (a) 4-21-44 (Date received local registrar) (b) Pauline Crumpton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19 year 1944 hour 9 minute 30 a M.

21. I hereby certify that I attended the deceased from Sept 1944, to April 19th 1944 that I last saw ~~him~~ alive on April 18 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma left lower Maxilla & throat & hemorrhage

Due to ____

Due to ____

Other conditions ____
(Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy ____

45 f

Duration

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 L D Latterer (M. D. or other) MD

Address Butler Mo Date signed 4-20-44

1806

(Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 7,

District File Number 4-44-597

Date Filed 5-6-44

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 C. E. Culum

Licensed Embalmer No. 2576

P. O. Address Butler 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.