

S. No. 2
M-2-43
7. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 22 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9490

State File No.

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 55

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution: 107 Monroe!
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole ²¹

(c) City or town Jefferson City ³
(If outside city or town limits, write "RURAL") ⁴

(d) Street No. 107-Monroe
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

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

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 12
✓ year 1945 hour 11 minute 30 A M.

21. I hereby certify that I attended the deceased from Coronary Viscer 19 _____
that I last saw h alive on of body 19 _____
and that death occurred on the date and hour stated above.

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

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

7. Birth date of deceased July 4 1856
(Month) (Day) (Year)

8. AGE: Years 89 Months 8 Days 5 If less than one day hr. _____ min. _____

Immediate cause of death Infirmit ^{of age} of age ^{of age}
Due to Senility ^{of age}

Due to _____

9. Birthplace Camden County Mo. R
(City, town, or county) (State or foreign country)

10. Usual occupation Unknown

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

Major findings: 167
Of operations _____
Of autopsy _____

11. Industry or business _____

MOTHER FATHER { 12. Name Alpha 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)

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 _____

16. (a) Informant James E. Thomas

(b) Address Center, Mo.

17. (a) Burial (b) Date thereof 3-12-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Climax Springs, Mo

18. (a) Signature of funeral director James Richter

(b) Address 712 1/2 N. 1st

19. (a) 3-18-45 (b) Thorma Richter
(Date received local registrar) (Registrar's signature)

23. Signature J. T. Reslin ^{Coronary}
(M. D. or other)

Address Jeff city mo Date signed 3-13-45

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

874

H. J. Walker
Embalmer

RECEIVED

District Health Officer No. 2

District File Number.....

Date Filed 9-21-43.....

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. J. Anderson*.....

Licensed Embalmer No. 3641.....

P. O. Address *J. J. Anderson*.....

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.