

FILED JUN 14 1945

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

Registration District No. 87

Primary Registration District No. 4167

Registrar's No. 29

1. PLACE OF DEATH:

(a) County De Kalb  
(b) City or town Amity  
(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) 1  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 12 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME ALONZO A. THOMAS

3. (b) If veteran, name war no 3. (c) Social Security No. ✓

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Ruth Thomas 6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased Oct 31 1868  
(Month) (Day) (Year)

8. AGE: Years 76 Months 6 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Preacher

11. Industry or business

12. Name William P. Thomas  
13. Birthplace Amity Mo. D  
(City, town, or county) (State or foreign country)  
14. Maiden name Margaret Dutton  
15. Birthplace Amity Mo. D  
(City, town, or county) (State or foreign country)

16. (a) Informant Ruth Thomas  
(b) Address Amity Mo  
17. (a) Burial (b) Date thereof 5-3-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Amity Mo

18. (a) Signature of funeral director John Brown  
(b) Address map hills mo  
19. (a) May 1945 (b) John Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1  
year 1945 hour 4:00 minute 00 P.M.

21. I hereby certify that I attended the deceased from April 18, 1945, to May 1, 1945  
that I last saw him alive on April 30, 1945,  
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Coma

Duration

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

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

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:

Of operations 61

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

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 W. S. Hale (M. D. or other) \_\_\_\_\_  
Address Osborn Mo Date signed 5/2/45

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

2000

RECEIVED  
District Health Officer No. 11  
District File Number  
Date Filed

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 John Brown  
Licensed Embalmer No: 3933  
P. O. Address Wagonville 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.