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5-17-39
P I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42802

State File No.

Registrar's No. 61

FILED JAN 15 1948

Registration District No. 373

Primary Registration District No. 6265

1. PLACE OF DEATH:

(a) County Webster

(b) City or town Strafford-Rl Grant Twp
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution XX (Specify whether
In this community Life years, months or days)

3. (a) PRINT FULL NAME Harry Haywood Thomas

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

4. Sex Male 5. Color or race White

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

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

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased January 6-1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>11</u>	<u>no</u>	<u>XX</u> hr. <u>XX</u> min.

9. Birthplace Webster County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

MOTHER FATHER { 12. Name James G. Thomas

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

14. Maiden name Mary Mullinax

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

16. (a) Informant Mrs. Oma Thomas

(b) Address Strafford, Mo.

17. (a) Burial (b) Date thereof 12-8-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marshfield

18. (a) Signature of funeral director [Signature]

(b) Address Marshfield, Missouri

19. (a) 12-7-45 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster 112

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Grant township 0
(If rural, give location)

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

If yes, name country XX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6
year 1945 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from
Dec 3 1945 to Dec 6 1945
that I last saw him alive on Dec 3 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Acc Arthritis

Duration instants
20 yrs

Due to Arthritis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 950

Of operations

Of autopsy

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? (c) Means of injury

23. Signature [Signature] (M. D. or other) DR.

Address Marshfield Mo Date signed 12-10-45

1505

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Lex L...
Licensed Embalmer No. 5312

P. O. Address...
... July 1900

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.