S. No. 2
M—2-43
. 5-17-39
I X35697

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

12522

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13616

Registration District No. 126 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 4 hours (Specify whether years, months or days)
In this community: 15 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: Joplin (If outside city or town limits, write "RURAL")
(d) Street No.: 925 Missouri Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: No

3. (a) PRINT FULL NAME: William Earl Thomas
3. (b) If veteran, name war: World War 2
3. (c) Social Security No.: 491-01-3554
4. Sex: male
5. Color or race: Black
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Truie Thomas
6. (c) Age of husband or wife if alive: 34 years
7. Birth date of deceased: Sept 3, 1912 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
34	6	14	hr. min.

9. Birthplace: Little Rock Arkansas. (City, town, or county) (State or foreign country)
10. Usual occupation: Wash Room, Connor Hotel
11. Industry or business:
FATHER 12. Name: Henry W. Thomas
13. Birthplace: Arkansas. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Ada Lockett
15. Birthplace: Indian Territory. (City, town, or county) (State or foreign country)
16. (a) Informant: Jack Thomas
(b) Address: 418 Ky. Ave, Joplin Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-21-46 (Month) (Day) (Year)
(c) Place: burial or cremation: PARKWAY CEM 3-21-46
18. (a) Signature of funeral director: Hurlbut Und. Co.
(b) Address: Joplin Mo.
19. (a) 3-21-46 (Date received local registrar) (b) Beulie Pearson R.R. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. 17, day 1946, year, hour 3-40 P.M. minute M.
21. I hereby certify that I attended the deceased from Did not attend, 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Internal Hemorrhage,	
Due to: Shot Gun wound #, 410 Ga.	
Due to: Big knife in bowel	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations: 1 lot Contents Gunshot
Of autopsy: Rupture of Liver Spleen, intestinal tract Perforated

PHYSICIAN Underline the cause to which death should be attributed.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): Homicide
(b) Date of occurrence: 3-17-46
(c) Where did injury occur? Joplin Jasper Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? no (e) Means of injury: Shot gun
23. Signature: R. W. Dougherty (M.D. or other) DO
Address: 214 Joplin Date signed: 3/18/46

(Licensed Embalmer's Statement on Reverse Side)

46-3-300

FEB 14 1947

APR 18 1946

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 Percy K Hurlbert

Licensed Embalmer No. 959

P. O. Address Joplin Wells

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.