

S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

LINDSAY

State File No. 13695

FILED APR 17 1946

Registration District No. 170

Primary Registration District No. 3033

Registrar's No.

1. PLACE OF DEATH:

(a) County LACLEDE
(b) City or town LEBANON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
WALLACE HOSPITAL 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 DAY (Specify whether
In this community 1 DAY years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County LACLEDE 53
(c) City or town CONWAY 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HARVEY S. THOMAS
3. (b) If veteran, name war No. 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month MAR day 15
year 1946 hour 9 minute P.M.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife HANNAH ESSARY
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased NOV 4 - 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
March 5, 1946 to March 15, 1946
that I last saw him alive on March 15, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
73 4 11 hr. min.

Immediate cause of death
General Sepsis
Due to Enlarged Prostate
Due to

9. Birthplace TENN 1
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
1390

10. Usual occupation BAPTIST PASTOR

Major findings:
Of operations Super pubic damage bladder
Of autopsy
PHYSICIAN

11. Industry or business

12. Name W M THOMAS

13. Birthplace U.S. 1
(City, town, or county) (State or foreign country)

14. Maiden name ASENETH CRIME

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs H.S. Thomas

(b) Address CONWAY MO

17. (a) BURIAL (b) Date thereof MAR 17 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CONWAY MO

18. (a) Signature of funeral director PALMER'S

(b) Address LEBANON MO

19. (a) 3-20-46 (b) Ord Frankberger
(Date received local registrar) (Registrar's signature)

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 0

23. Signature H.G. Hamilton (M. D. or other)
Address Lebanon, Mo. Date signed 3-17-46

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

12599

152

(Licensed Embalmer's Statement on Reverse Side)

Received4-11-46.....

LaClede County Health Unit

File No.3-46-34.....

Date Filed.....4-11-46.....

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.....*R. Palmer*.....

Licensed Embalmer No. *1161*.....

P. O. Address.....*Lelamon 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.