

No. 4-2-43 5-17-39 X35697

DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS
 STATE BOARD OF HEALTH OF MISSOURI
FILED MAY 22 1946 STANDARD CERTIFICATE OF DEATH

State File No. **17032**

Registration District No. 156 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: _____
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Home
(Specify whether)
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper **49**
 (c) City or town Joplin
(If outside city or town limits, write "RURAL") **2**
 (d) Street No. _____
(If rural, give location) **5**
 (e) Citizen of foreign country? _____ (Yes or No) **?**
 If yes, name country _____

3. (a) PRINT FULL NAME Elmer Thomas.
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 12
 year 1946 hour 3:55 A.M. 5 minute _____ M. _____

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced m
 6. (b) Name of husband or wife Kate. 6. (c) Age of husband or wife if alive unk (years)
 7. Birth date of deceased Jan. 10. 1896
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 1 1946 to April 12 1946
 that I last saw him alive on April 12 1946
 and that death occurred on the date and hour stated above.

8. AGE: Years 56 Months 2 Days 2 If less than one day _____ hr. _____ min.
 9. Birthplace Boliver, Mo.
(City, town, or county) (State or foreign country)

Immediate cause of death _____
 Due to Chronic Calcular Heart
Decompensation heart
Dist edema
 Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation rePaper Hanger, and Painter
11. Industry or business _____
12. Name Henry Thomas.
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Laura Roland.
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy Q.P.U.
PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Kate Thomas
(b) Address Joplin Mo.
17. (a) Burial (b) Date thereof 4-15-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Joplin, Mo.
18. (a) Signature of funeral director John H. Dymally
(b) Address Richard Olsen
19. (a) 4-15-46 (b) _____
(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 _____
23. Signature John E. Dymally (Seal of Registrar)
 Address 708 Plaza Blvd Joplin Mo Date signed April 12 1946

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

46-4-384

No. Sugrens
Sugrens, M.A.

2
M2
x 1

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 H. Ordway
Oklahoma
Licensed Embalmer No. 820
P. O. Address Tricher, Okla.

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.

Registration District No. 156

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:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ (years, months or days)

3. (a) PRINT FULL NAME Elmer Thomas

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced (M)

6. (b) Name of husband or wife Ret 6. (c) Age of husband or wife if alive unknown

7. Birth date of deceased: Jan 10 (Month) (Day) (Year)

8. AGE: Years 56 Months _____ Days _____ (If less than one day, hr. _____ min. _____)

9. Birthplace _____ (City, town, or county) (State or foreign country) MO

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) Ed. O. James (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

(d) Street No. _____ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____

that I last saw him _____ alive on _____, 19____ and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 _____ (M. D. or other)

Address _____ Date signed _____

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

MOTHER, FATHER

SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

S-17032