S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20019N

State File No.

FILED JUL 11 1946

Registration District No. 428 Primary Registration District No. 2000 Registrar's No. 531

1. PLACE OF DEATH:

(a) County: Greene

(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution: (Specify whether years, months or days)
In this community: 2 Months

2. USUAL RESIDENCE OF DECEASED:

(a) State: ~~Greene~~ Missouri (b) County: Greene 39

(c) City or town: Springfield 2
(If outside city or town limits, write "RURAL")

(d) Street No.: City Hospital 6
(If rural, give location)

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

3. (a) PRINT FULL NAME: LOT FORSTER THOMAS

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Hattie Thomas

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

7. Birth date of deceased: July (Month) 10, (Day) 1857 (Year)

8. AGE: Years 88 Months 11 Days 7 If less than one day hr. min.

9. Birthplace: Rush County, (City, town, or county) Indiana (State or foreign country)

10. Usual occupation: Retired

11. Industry or business: Farming

FATHER
12. Name: Elias Thomas
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name: Aurilla Hitt
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant: Mrs. J.A. Simmons
(b) Address: 781 W. Webster St., Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 19, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Manley Cemetery

18. (a) Signature of funeral director: Fred C. Thieme
(b) Address: Springfield, Mo.

19. (a) 6-19-46 (Date received local registrar) (b) D W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17th year 1946 hour 4:00 AM minute M.

21. I hereby certify that I attended the deceased from June 5 1946 to June 17 1946 that I last saw him alive on June 16 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac failure, Congestive	14 days
Due to: Chronic mitral Stenosis	many years
Due to: Cardiac hypertrophy	—
Other conditions: (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy: NPK

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? (e) Means of injury: 0

23. Signature: Don Gilsby (M. D. or other) M.D.
Address: Springfield, Mo. Date signed

111 (Licensed Embalmer's Statement on Reverse Side)

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 Ralph Thieme

Licensed Embalmer No. 3681

P. O. Address Springfield, 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.