S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

32150

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 1 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33322

Registration District No. 127 Primary Registration District No. 3464 Registrar's No. 9

1. PLACE OF DEATH:

(a) County Greene

(b) City or town R.1., Willard, Missouri
(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 More than 75 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town R.1., Willard, Missouri
(If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME William Wilkerson Thomas

3. (b) If veteran, name war Civil War

3. (c) Social Security No.

4. Sex Male D

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 16, (Day) 1850 (Year)

8. AGE: Years 96 Months 5 Days 4 If less than one day hr. min.

9. Birthplace Madisonville (City, town, or county) Tennessee (State or foreign country) /

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name George W. Thomas
13. Birthplace Tennessee (City, town, or county) (State or foreign country) /

MOTHER
14. Maiden name Sarah Ann Smallen
15. Birthplace Tennessee. (City, town, or county) (State or foreign country) /

16. (a) Informant Mrs Erma Bray, daughter.
(b) Address R.1., Willard, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Oct 24 46 (Month) (Day) (Year)
(c) Place: burial or cremation Wesley Chapel

18. (a) Signature of funeral director
(b) Address Willard, Missouri

19. (a) Oct. 23 '46 (Date received local registrar) (b) Jane Appleby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 20th
year 1946 hour 1 minute 45 P. M.

21. I hereby certify that I attended the deceased from March 1946 to Oct 20 1946
that I last saw him alive on Oct 17 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death General Debility of Old Age and Bowel obstruction	10 days
Due to Old Age - Chronic Constipation to point	
Due to Obstructive impaction	10 days
Other conditions Cerebral Spasm (Include pregnancy within 3 months of death)	3 weeks

Major findings:
Of operations
Of autopsy

122 B

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

23. Signature Dr Charles H. Orr (M. D. or other) M.D.
Address Ash Grove Mo Date signed 10/21/46

110 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office,
County File Number 46-10-115
Date Filed 10/28/46

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, XXX.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Mrs E.W. Greenwade

Licensed Embalmer No. 2095

P. O. Address Willard, Missouri.

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.