

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 3 - 7 1946
Registration District No. **793**

Primary Registration District No. **3036**

1. PLACE OF DEATH:

(a) County Lawrence

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

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

(d) Length of stay: In hospital or institution few hours
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

(c) City or town Cassville
(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 _____

3. (a) PRINT FULL NAME CHARLES M. THOMAS

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

4. Sex Male 5. Color or race White

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

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

7. Birth date of deceased Aug 21 1879
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 20
year 1946 hour 5 minute AM

21. I hereby certify that I attended the deceased from Oct 19
1946, to Oct 20, 1946
that I last saw h. alive on Oct 20, 1946
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>66</u>	<u>1</u>	<u>29</u>	hr. _____ min. _____

Immediate cause of death: Basal Skull Fracture
Crush chest - (rt)

Due to _____

Due to Comp. Fract lower
rt leg.

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

9. Birthplace Lawrence Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy _____

1700-8
21

MOTHER FATHER

11. Industry or business _____

12. Name Charles Thomas

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

14. Maiden name D.K.

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence Oct 19-46

(c) Where did injury occur? Barry Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
State Highway
(Specify type of place)

While at work? no (e) Means of injury auto

23. Signature R. J. Moran (M. D. or other) _____
Address Aurora, Mo Date signed 11-27-46

16. (a) Informant Mrs. Jean Peters

(b) Address Cassville Mo

17. (a) Burial (b) Date thereof Oct 24 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cassville

18. (a) Signature of funeral director C. W. ...

(b) Address Cassville Mo

19. (a) Oct 24-46 (b) Geo. M. Galt
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 6,

District File Number

Date Filed

OCT 31 1946

1046-1091

OCT 31 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

Licensed Embalmer No. 4213

P. O. Address

Cassville, 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.