

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36744

FILED DEC 6 1946
132

Registration District No. _____

Primary Registration District No. 3021

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Grundy
(b) City or town Trenton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Cullers Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Jacob Harvey 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 Married
6. (b) Name of husband or wife Myrtle M. Thomas 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased November 7 1914
(Month) (Day) (Year)

8. AGE: Years 72 Months 3 Days 24 If less than one day hr. _____ min. _____

9. Birthplace Mercer County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER

12. Name George Thomas
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Emily Applegate
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Myrtle M. Thomas

(b) Address Cainsville, Mo.

17. (a) Burial (b) Date thereof Nov. 22 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Princeton Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Cainsville, Mo.

19. (a) 11-20-46 (b) Gene Jar
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison
(c) City or town Cainsville
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 19th
year 1946 hour 5 minute 15 P.A.M.

21. I hereby certify that I attended the deceased from November 2, 1946, to November 19, 1946
that I last saw him alive on November 18, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 2 wks
Due to Arteriosclerotic Heart Disease
Due to Senility
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury 0
23. Signature [Signature] (M. D. _____)
Address Princeton, Missouri Date signed 11/20/46

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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, Ed

Eddie J. Stoklass, Registered Apprentice No. _____
working under my personal supervision.

Signed E. J. Stoklass
Licensed Embalmer No. 3602

P. O. Address: Cainsville, 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.