

**FILED JAN 30 1947**

Registration District No. 47

Primary Registration District No. 4235

Registrar's No. 1

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

1. PLACE OF DEATH:

(a) County Iron  
(b) City or town Annapolis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron  
(c) City or town Annapolis  
(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 John Edward Thomas

3. (b) If veteran, name war no 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Lucy Thomas 6. (c) Age of husband or wife if alive 64 years  
7. Birth date of deceased Sept 24 1880  
(Month) (Day) (Year)

8. AGE: Years 66 Months 3 Days 27 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation retired (fireman)

MOTHER FATHER { 11. Industry or business \_\_\_\_\_

12. Name Henry Thomas  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lucy Thomas  
(b) Address Annapolis Missouri

17. (a) burial (b) Date thereof 1-23-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Annapolis Missouri

18. (a) Signature of funeral director Norman White & Sons

(b) Address 1-25 47 Ironton Missouri

19. (a) 1-25-47 (b) Mrs Ann Jones  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21 year 1947 hour 5 minute 00 P.M.

21. I hereby certify that I attended the deceased from Nov. 25, 1946, to Jan. 21, 1947; that I last saw him alive on Jan. 20, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism Duration 10 minutes  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Lobar pneumonia Jan. 2  
(Include pregnancy within 3 months of death)

Atrial Sclerosis, general PHYSICIAN \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy 108  
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 Ben W. Bull (M. D. or other) M.D.  
Address Ironton Date signed 1-23-47

RECEIVED

..... No. <sup>4</sup>.....

147-159..

1-29-47

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**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..... *Arce J. White* .....

Licensed Embalmer No. *2012* .....

P. O. Address..... *San Antonio, Tex.* .....

**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.**