

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Monett (Forest Park)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1017 5th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community about ten years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
(c) City or town Monett (Forest Park)
(If outside city or town limits, write "RURAL")
(d) Street No. 1017 5th St
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country none

3. (a) PRINT FULL NAME Wilson Peter Thomas

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive none years
7. Birth date of deceased May 9 1870
(Month) (Day) (Year)

8. AGE: Years 76 Months 8 Days 21 If less than one day hr. mft.

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

10. Usual occupation None

11. Industry or business None

MOTHER FATHER { 12. Name Andrew Thomas 9
13. Birthplace not known (State or foreign country)
14. Maiden name Phoebe Cora
15. Birthplace not known (State or foreign country) 9

16. (a) Informant Mr. L. P. Thomas

(b) Address 1017 5th St. Monett Mo

17. (a) Burial (b) Date thereof Feb-1-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pierce City Mo

18. (a) Signature of funeral director Callanaris

(b) Address Monett Missouri

19. (a) 1-31-47 (b) W.M.W.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30
year 1947 hour 12 minute noon M.

21. I hereby certify that I attended the deceased from Jan 30 - 1947 to Feb 30 - 1947
that I last saw him alive on Jan 30 - 1947
and that death occurred on the date and hour, stated above.

Immediate cause of death Pneumonia
Pectus
Due to Endocarditis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 94B
Of autopsy

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

23. Signature [Signature] (M. D. or other) [Signature]
Address Monett Mo Date signed Feb 1 1947

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6,
District File Number 247-194

Date Filed FEB 6 1947

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 *C. J. Buchanan*

Licensed Embalmer No. 3179

P. O. Address *Marshall 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.