S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 17 1947

Registration District No. 274

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5702

Primary Registration District No. 3052

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution: 1120 E. Third Street, Sedalia, Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Entire Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80

(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL")

(d) Street No. 118½ West Third St. 4
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Ottie Franklin Thomas

3. (b) If veteran, name war None

3. (c) Social Security No. ✓

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased September (Month) 27 (Day) 1885 (Year)

8. AGE: Years 62 Months 4 Days 0 If less than one day ..... hr. ..... min.

9. Birthplace Sedalia, Missouri, Pettis Co
(City, town, or county) (State or foreign country)

10. Usual occupation barber

11. Industry or business

FATHER
12. Name James Henry Thomas
13. Birthplace Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jargaret Alice Garrett
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant William I. Thomas
(b) Address 810 West Broadway

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-29-47 (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Duane Ewing
(b) Address Sedalia, Mo.

19. (a) 1-29-47 (Date received local registrar) (b) Betty Yeager Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27
year 1947 hour 4:30 minute P M.

21. I hereby certify that I ~~attended~~ viewed the deceased from as coroner 1/27, 1947, to ....., 19....;
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death coronary occulsion	
Due to coronary Thrombosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

94A

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 2

23. Signature Dr. K. L. Holden (~~M. D.~~ or other) D.O.
Address 315 Flg. Bldg. Sedalia, Mo Date signed 1/27/47

(Licensed Embalmer's Statement on Reverse Side)

251

coronary

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 2-8-47

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 Duane Ewing

Licensed Embalmer No. 3847

P. O. Address Sedalia 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.