

No. 2
1-10-39
-17-39
K 21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7659

FILED MAR 31 1947

Registration District No. 200

Primary Registration District No. 6225

State File No.

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Burns
(b) City or town Burns Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital # 3 & 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr 3 mo 7 days
In this community 1 year 2 months 7 days
years, months or days

8. (a) PRINT FULL NAME ARTHUR GLENN THOMAS

8. (b) If veteran, name war. 8. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Wid

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

7. Birth date of deceased
(Month) (Day) (Year)

8. AGE: Years 75 Months 9 Days 9 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name 9

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

14. Maiden name 9

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

16. (a) Informant Hospital record

(b) Address

17. (a) Burial (b) Date thereof 3-1-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Melborny Cemetery

18. (a) Signature of funeral director Sharp Jun. Nev.
(b) Address

19. (a) 3-1-47 (b)
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Burns
(c) City or town Mainsville
(If outside city or town limits, write "RURAL")
(d) Street No. Rt 1 #1
(If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27
year 1947 hour 5 minute 25 p.m.

21. I hereby certify that I attended the deceased from 5-16-1946 to 2-27-1947
that I last saw him live on 2-27-1947
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease

Due to

Due to

Other conditions Smile Dehydration
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: Of operations

Of autopsy

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

23. Signature (M.D. or other)
Address Date signed

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

8

2

321 By (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number 2-47-198

Date filed 3-5-47

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 H.N. Marmaduke

Licensed Embalmer No. 2070

P. O. Address Nevada, 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, above space should be left blank.