

FILED APR 17 1947

Registration District No. 57

Primary Registration District No. 4083

Registrar's No. 4

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CARROLL  
(c) City or town DE WITT  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JOHN W. THOMAS

3. (b) If veteran, name war \_\_\_\_\_ 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 \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased OCTOBER 20 1966  
(Month) (Day) (Year)

8. AGE: Years 80 Months 4 Days 29 If less than one day hr. min.

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

10. Usual occupation LABORER

11. Industry or business SAW MILL

12. Name SYDNEY THOMAS

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

14. Maiden name SYLVESTER SMITH

15. Birthplace DE WITT MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. JOHN W. THOMAS

(b) Address DE WITT MO.

17. (a) BURIAL (b) Date thereof 3-20-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DE WITT MO

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

(b) Address BRIDGES WALK MO

19. (a) MAR 20 1947 (b) Pearl Koch  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 19 year 1947 hour 9 minute 45 AM

21. I hereby certify that I attended the deceased from May 27 1946 to March 17 1947 that I last saw him alive on March 17 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart Failure Duration 2 yrs

Due to Hypertension + arterio-sclerosis 10 yrs

Due to 93E

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations W. W. Stewart, M.D. PHYSICIAN

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 W. W. Stewart, M.D. (M.D. or other)

Address Brunswick, Mo. Date signed 3/20/47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

4-15-49

APR 17 1949

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..... *L. M. Maissel* .....

Licensed Embalmer No..... *823* .....

P. O. Address..... *Brunswick, Md.* .....

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.