

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37796

FILED DEC 12 1947
Registration District No. 128

State File No. _____

Primary Registration District No. 2000

Registrar's No. 1057

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

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield Mo.

(c) Name of hospital or institution: St. John Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days specify whether

In this community 2 days
years, months or days

3. (a) PRINT FULL NAME Deborah Sue Thomas

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: Oct 28 1947
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

0 1 6 hr. min.

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

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER

12. Name Jean D. Thomas

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

14. Maiden name Lane Eakman

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

16. (a) Informant Jean D. Thomas

(b) Address Ozark Mo.

17. (a) Burial (b) Date thereof Dec 6-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Cemetery

18. (a) Signature of funeral director J. B. Chaffin

(b) Address Ozark Mo.

19. (a) 12-6-47 (b) W. E. Handley M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian

(c) City or town Ozark Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. None
(If rural, give location)

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

If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec, day 4, year 1947 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from 11-23-47 to 12-4-47, 1947

that I last saw her alive on 12-4 and that death occurred on the date and hour stated above.

Immediate cause of death Recurrent Bronchopneumonia Duration 2 wk

Due to Congenital Atelectasis

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy 109

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. E. Handley (M. D. or other) _____

Address Springfield Mo. Date signed 12-5-47

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 T. B. Chaffin

Licensed Embalmer No. 2152

P. O. Address Ozark 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.