

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8317

FILED MAR 23 1948

Registration District No. 29

Primary Registration District No. 4168

Registrar's No. 15

1. PLACE OF DEATH:

(a) County De Kalb

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

(c) Name of hospital or institution:
Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
years, months or days)

In this community week
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Marshall C. Thomas

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22 year 1948 hour 8 minute 35 P.M.

21. I hereby certify that I attended the deceased from Dec 8 1948 to Feb 22 1948 that I last saw h. M. alive on Feb 22 and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Marie Thomas 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased March 12 1893
(Month) (Day) (Year)

Immediate cause of death Carcinoma of Stomach (Primary) Duration _____

Due to _____

Due to _____

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

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

54 11 10 hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Tommy Thomas

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

14. Maiden name Mary Demmitt

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

16. (a) Informant Don Vestal

(b) Address Maysville Mo

17. (a) Burial (b) Date thereof 2-24-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lone Jack Mo

18. (a) Signature of funeral director John P. Brown

(b) Address Maysville Mo

19. (a) 2-23-48 (b) J. Davidson
(Date received local registrar) (Registrar's signature)

Major findings: 46B

Of operations _____

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 2

23. Signature W. Gerald Fowler (M. D. or other) W. G.
Address Maysville Mo Date signed 2-23-48

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

02X

April Class 5-5

DISTRICT HEALTH OFFICE
Cameron, Mo.

MAR 26 1970

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed *John P. Brown*

Licensed Embalmer No. 3933

P. O. Address *Wayville 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.