

FILED NOV 8 1948

State File No. _____

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 940

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether)
In this community All of life years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Fair Grove, Rt. 1 1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Casper Thomas
3. (b) If veteran, No name war _____
3. (c) Social Security No. No

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Belva
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased Nov. 18 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 11 11 hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name Joe Thomas

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

14. Maiden name Addie Haymes

15. Birthplace Webster Co. MO.
(City, town, or county) (State or foreign country)

16. (a) Informant Addie Thomas
(b) Address Fair Grove, Mo.

17. (a) burial (b) Date thereof 10-30-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Ridge

18. (a) Signature of funeral director J. W. Klingner & Co. Springfield, Mo.
(b) Address _____
19. (a) 11-1-48 (b) M. J. Handley MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29
year 1948 hour 7 minute 30 a.m.
21. I hereby certify that I attended the deceased from 1948
to Oct 29, 1948
that I last saw him alive on Oct 28, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death uremia
Duration 5d.

Due to Ren. Arterio sclerosis

Due to _____

Other conditions Arteriosclerosis 5yr. Heart disease
(Include pregnancy within 3 months of death) 4 d. Hemiplegia - 2 wks

Major findings: Of operations _____

Of autopsy g3p

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 0

23. Signature W. Hallaway (M. D. or other) _____
Address Springfield Date signed 10/30/48

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

MOTHER FATHER

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.....

Licensed Embalmer No.....

P. O. Address.....

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.