

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

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17359
Registrar's No. 5

FILED JUN 9 1950

Registration District No. 184

Primary Registration District No. 5677

1. PLACE OF DEATH:

(a) County Lincoln

(b) City or town Whitecloud - Rural Union
(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 Lincoln

(c) City or town Whitecloud - Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 22nd W. of Whitecloud
(If rural, give location) 0570

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

3. (a) PRINT FULL NAME Ronald E Thomason

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 27
year 1950 hour 10:30 minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw him alive on _____ 19____;
and that death occurred on the date and hour stated above.

4. Sex m 5. Color or race W

6. (a) Single, widowed, married, divorced S O

6. (b) Name of husband or wife _____

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

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

Immediate cause of death malnutrition

Due to starvation

Due to _____

Other conditions Body found wasted away
(Include pregnancy within 3 months of death)

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

1 12 _____ hr. _____ min.

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

10. Usual occupation _____

Major findings: Of operations _____

Of autopsy 7/20

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Alex Thomason

13. Birthplace Cedar Rapids Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Corolla Brandt

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

16. (a) Informant Alex Thomason

(b) Address Whitecloud, Mo.

17. (a) burial (b) Date thereof 2-29-50
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation burial - Sulphur Creek Cem.

18. (a) Signature of funeral director W.P. Dorman

(b) Address _____

19. (a) 2/28/56 (b) Mrs. J. A. Dwyer
(Date received local registrar) (Registrar's signature) (Initial)

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 Alden Ellis (M.D. or other) _____
Address Troy, Mo. Date signed 2/27/50

District File Number.....

District Health Officer No. 91

JUN 8 1950

RECEIVED

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.