

V. S. No. 2
00M-5-43
Rev. 5-17-39
I X36671

State File No. _____

FILED SEP 23 1946

Registration District No. _____

Primary Registration District No. 4024

Registrar's No. 58

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Cassville
(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) (Specify whether

3. (a) PRINT FULL NAME James Henry 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 Goldie Thomas
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Feb 9 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 6 28 hr. min.

9. Birthplace Barry Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Abstractor

11. Industry or business _____

MOTHER FATHER

12. Name John T. Thomas

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

14. Maiden name Martha Scott

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

16. (a) Informant Goldie Thomas

(b) Address Cassville Mo

17. (a) Burial (b) Date thereof 9-10-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calk Hill Cemetery

18. (a) Signature of funeral director Culver Funeral Home

(b) Address Cassville Mo

19. (a) Sept 19-1946 Grace Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Cassville
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7
year 1946 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from 6:30 A.M.
Sept 7, 1946, to 8:30 P.M. Sept 7
that I last saw h. l. r. alive on Sept 7 8:00 A.M. 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Arteriosclerosis
Due to Coronary Heart Disease

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

Major findings: _____
Of operations _____
Of autopsy _____

Duration

1 Hour

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) (c) Means of injury _____

23. Signature Amel Miller (M. D. or other) _____
Address Cassville Date signed Sept 16/46

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

5
1
0

0210

RECEIVED

District Health Officer No. 6,

District File Number 946-981

Date Filed SEP 23 1946

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 G. E. Culler

Licensed Embalmer No. 8584

P. O. Address Cassville 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.