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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16116**

Registration District No. **336**

Primary Registration District No. **6121**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County SHANNON

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

(c) Name of hospital or institution: NONE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County SHANNON

(c) City or town BIRCH TREE
(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 Pete Thomas

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month MARCH day 26
year 1947 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ 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 Single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased MAY 16 1928
(Month) (Day) (Year)

Immediate cause of death Killed in Sawmill

Due to _____

Due to _____

8. AGE:

Years	Months	Days	If less than one day
<u>18</u>	<u>10</u>	<u>10</u>	hr. _____ min. _____

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

Major findings: Of operations _____

Of autopsy _____

9. Birthplace BIRCH TREE MO
(City, town, or county) (State or foreign country)

10. Usual occupation SAW MILLING

11. Industry or business _____

12. Name John Shade Thomas

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

14. Maiden name ANNA ROSE

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 3-22-47

(c) Where did injury occur? Montier Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at mill
(Specify type of place)

While at work? yes (e) Means of injury Fell on saw in mill

16. (a) Informant ELVIS THOMAS

(b) Address BIRCH TREE, MO.

17. (a) BURIAL (b) Date thereof 3-27-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation TURKEY DAK

18. (a) Signature of funeral director Joe L. Duncan

(b) Address Mountain View Mo.

19. (a) 4-10-47 (b) Walter Roberts
(Date received local registrar) (Registrar's signature)

23. Signature Frank H. [unclear] (M. D. or other) _____

Date signed 3-29-47

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.

Not Embalmed

Signed *Joe R. Duncan*

Licensed Embalmer No. *4325*

P. O. Address *Inta View Gmo.*

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.