

No. 2
12-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 12 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35438

State File No. _____

Registration District No. 316

Primary Registration District No. 3061

Registrar's No. 363

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

1. PLACE OF DEATH

(a) County St. Francois

(b) City or town Flat River mo
(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 _____ years, months or days)

3. (a) PRINT FULL NAME Augustus J. Thomason

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

4. Sex ma 5. Color or race w 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Allie Thomason 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Feb 5th 1863
(Month) (Day) (Year)

8. AGE: Years 84 Months 8 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation laborer

11. Industry or business _____

12. Name Richard A. Thompson

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

14. Maiden name Bessie

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

16. (a) Informant Harry Thompson

(b) Address Foreh Work Texas

17. (a) burial (b) Date received 10-10-47
(Date received local registrar) (Month) (Day) (Year)

(c) Place: burial or cremation Fredericktown, Mo

18. (a) Signature of funeral director Baldwell Bin

(b) Address Flat River mo

19. (a) 11-1-47 (b) Ether Ruloff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Flat River mo
(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 _____

20. DATE OF DEATH: Month 7th Oct day 7 yr. 1947 hour 8 AM M.

21. I hereby certify that I attended the deceased from Sept. 15, 1947 to Oct. 7, 1947 that I last saw him alive on Oct. 6, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death terminal pneumonia
hypertensive cardiac - vas.
renal disease

Duration 2 days
10 yrs

Due to _____

Due to _____

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

Other findings: 930

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) (c) Means of injury 0

23. Signature A. C. Shephard (M. D. or other) _____

Address Flat River, Mo. Date signed 10-30-47

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

RECEIVED

District Health Officer No. 4

Subject File Number 114-7-1425

Date Filed 11-10-47

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.

Signed W.A. Baldwin

Licensed Embalmer No. 3317

P. O. Address Flat River Dr

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.