

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED MAR 23 1948

Registration District No. 378

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6075

State File No.

9920

Registrar's No.

85

1. PLACE OF DEATH:

(a) County **St. Francois**
(b) City or town **rural St. Francois**
(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 **lifetime** (Specify whether years, months or days)

3. (a) PRINT
FULL NAME**Thomas Edgar Rion**

3. (b) If veteran,

name war

3. (c) Social Security No.

4. Sex **M** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **M**
6. (b) Name of husband or wife **Lilly Merryman**
6. (c) Age of husband or wife if alive **57** years
7. Birth date of deceased **Mar. 22, 1886**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 11 24 hr. min.

9. Birthplace **Madison County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **farmer**

11. Industry or business

12. Name **Thomas B. Rion**
13. Birthplace **Switzerland**
(City, town, or county) (State or foreign country)
14. Maiden name **Francis Brewer**
15. Birthplace **Madison County Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Raymond Rion**
(b) Address **Farmington, Mo.**

17. (a) **b** (b) Date thereof **3-19-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Parkview**

18. (a) Signature of funeral director **C. H. Cozean**
(b) Address **Farmington, Mo.**

19. (a) **3-18-48** (b) **Ether Rudloff**
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Francois**
(c) City or town **rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **no**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MARCH** day **16**
year **1948** hour **8** minute **P** M.

21. I hereby certify that I attended the deceased from **Sept 47** to **March 16 48**
that I last saw him alive on **3-15** 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **arterio-sclerotic changes**
Duration

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause of 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
23. Signature **NO Rion** (M. D. or other)
Address **Westlog, Mo.** Date signed **3-18-48**

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

RECEIVED

District Health Officer No. 4
District File Number 348-379
Date Filed 3-22-48

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.....

C. Hozean
Licensed Embalmer No. 4084

P. O. Address Farlington, 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.