

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. STATE OF MICHIGAN should state EXACTLY. PHYSICIANS should state EXACTLY.

On way to Turing Hospital in car

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

18847  
Do not use this space.

REC'D MON 22 1938

1. PLACE OF DEATH

(a) County Mason Registration District No. 547

(b) Township Mason Primary Registration District No. 3079 Registered No. 132

(c) City Hannibal (d) Street No. Turing Hospital St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Infant Daughter of Bettie and Roy Thomas

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 21, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_

9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_

11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) On way to Turing Hospital  
Mason Co., Mo.

13. NAME Roy Thomas

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

15. MAIDEN NAME Bettie Hugin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moberly  
Missouri

17. INFORMANT (ADDRESS) Mrs. R. S. Hugin

18. BURIAL, CREMATION, OR REMOVAL PLACE Hannibal, Mo. DATE April 30, 1938

19. FUNERAL DIRECTOR (ADDRESS) Roy P. Schwartz  
Hannibal, Mo.

20. FILED May 2, 1938 W. C. Fisher  
Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1938 to April 21, 1938

I last saw h..... alive on \_\_\_\_\_, 19..... Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

Still born 5 months

Other contributory causes of importance:

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? clin. Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19.....  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. X X

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) J. R. Reckman M. D.  
1001 Broadway Hannibal, Mo.

---

---

**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

..... Licensed Embalmer No.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**