

REC'D MAY 18 1939

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

14630  
Do not use this space.

1. PLACE OF DEATH  
(a) County Clay Registration District No. 201  
(b) Township Liberty Primary Registration District No. 5-280  
(c) City Liberty (d) Street No. 30125 Registered No. 28  
(e) Length of residence in city or town where death occurred 30 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.  
(If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_

2. PRINT FULL NAME Elizabeth Jane 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

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF John F. Thomas  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18-1861  
7. AGE YEARS 78 MONTHS 1 DAYS 28 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Homemaker  
9. Industry or business in which work was done, as saw mill, bank, etc. In self.  
10. Date deceased last worked at this occupation (month and year) 1 year 11. Total time (years) spent in this occupation 40  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Robbston Ky  
13. NAME David Todd Hines  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky  
15. MAIDEN NAME Rebecca Faye  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky  
17. INFORMANT B.H. Thomas  
(ADDRESS) Liberty, Mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Mo DATE 3/17/39  
19. FUNERAL DIRECTOR Church-Anchor Co  
(ADDRESS) Liberty Mo  
20. FILED 3/17, 1939 E. T. B. Mann  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 16-1939  
22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1938, to March 16, 1939  
I last saw her alive on March 16, 1938. Death is said to have occurred on the date stated above, at 12:30 p.m.  
The principal cause of death and related causes of importance were as follows:  
Arterio Sclerosis  
Date of onset \_\_\_\_\_  
Other contributory causes of importance: an  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? none Was there an autopsy? yes  
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.  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_  
24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) W. C. Guthrie, M. D.  
Liberty Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed

**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 with the above constitutes grounds for revocation of license.)**