No. 2
4-13-40
5-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27893

REC'D SEP 16 1940

Registration District No. 61

Primary Registration District No. 5097

Registrar's No. 29

1. PLACE OF DEATH:
(a) County: Benton
(b) City or town: ~~"Rural" Warsaw,~~ Missouri (If outside city or town limits, write "RURAL" and name of township) Lindsay Twp
(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 2 (Specify whether years, months or days)
In this community 43 years

2. USUAL RESIDENCE OF DECEASED: Lindsay Twp
(a) State: Missouri (b) County: Benton
(c) City or town: Warsaw, Missouri "R.F.D." (If outside city or town limits, write "RURAL")
(d) Street No.: Rural (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Amelia Belle Thomas 520

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Willie Thomas

6. (c) Age of husband or wife if alive: 64 years

7. Birth date of deceased: June 17, 1875 (Month) (Day) (Year)

8. AGE: Years 65 | Months 1 | Days 28 | If less than one day ____ hr. ____ min.

9. Birthplace: Benton County, Missouri (City, town, or county) (State or foreign country) O

10. Usual occupation: at home

11. Industry or business:

MOTHER FATHER

12. Name: Levi Claycomb

13. Birthplace: Missouri (City, town, or county) (State or foreign country) O

14. Maiden name: Mirar Wheeler

15. Birthplace: Illinois (City, town, or county) (State or foreign country) I

16. (a) Informant: Willie Thomas
(b) Address: Warsaw, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 15, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Shady Grove Church

18. (a) Signature of funeral director: Huston-Turner
(b) Address: Windsor, Missouri

19. (a) 8/15/40 (Date received by local registrar) (b) Jas A. Logan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day fourteenth year 1940 hour 6 minute 30 a. M.

21. I hereby certify that I attended the deceased from Aug., 6, 1940, 19____, to Aug., 14, 1940, 19____; that I last saw her alive on Aug., 13, 1940, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Erysipelas	8 days
Due to Diabetes	unknown
Due to	
Other conditions (Include pregnancy within 3 months of death) Very much adipose wt. estimated more than four hundred lbs.	

Major findings: Of operations: none

Of autopsy: no

PHYSICIAN — Underline the cause to 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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: Eric C Sally (M.D. or other) DO
Address: Warsaw, Mo Date signed 8-15-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 9-40-1290
Date Filed 9-10-40

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 E. M. Hinton

Licensed Embalmer No. 3391

P. O. Address Windsor, Mo

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

If this body is not embalmed, fact should be so stated above.