

Registration District No. **5634**

Primary Registration District No. **5634**

Registrar's No. **27**

1. PLACE OF DEATH:

(a) County **Luzern**
(b) City or town **Morett Rural Pierce Twp**
(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) **2**

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community **5 Weeks**
years, months or days)

3. (a) PRINT FULL NAME **Dollie Thomas 57A**

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 **E. F. Thomas** 6. (c) Age of husband or wife if alive **66** years

7. Birth date of deceased **April 8 1879**
(Month) (Day) (Year)

8. AGE: Years **61** Months **4** Days **9** If less than one day _____ hr. _____ min.

9. Birthplace **Verona Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Home**

12. Name **E. H. Stone**

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

14. Maiden name **Mary C. Whelby**

15. Birthplace **Webster Co Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **E. F. Thomas**

(b) Address **Cassville Mo.**

17. (a) **Burial** (b) Date thereof **Aug 19 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calton Cem**

18. (a) Signature of funeral director **Leon Funeral Home**

(b) Address **Cassville Mo.**

19. (a) **9-9-1940** (b) **E. B. Knight**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barry**

(c) City or town **Cassville**
(If outside city or town limits write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **17**
year **1940** hour **4** minute **50 A.M.**

21. I hereby certify that I attended the deceased from **June 17,**
19**40**, to **Aug. 17,** 19**40**

that I last saw her alive on **Aug. 17,** 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Intestinal obstruction**
Carcinoma (liver)

Due to _____

Due to _____

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

Major findings: _____
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?
422

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature **Dr. J. P. Kelly** (M. D. or other) **J. P. O.**

Address **Morett, Mo.** Date signed **8/19/40**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

5

RECEIVED

District Health Officer No. 6,

District File Number 940-2578

Date Filed SEP 12 1940

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

Eugene Wood

Licensed Embalmer No. 3804

P. O. Address Cassville, 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, above space should be left blank.