

Registration District No. **384** Primary Registration District No. **4227**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Hawell
(b) City or town West Plains, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Christa Nagau Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 31 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Hawell
(c) City or town West Plains, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 7
year 1940 hour 7 minute 10 P. M.

21. I hereby certify that I attended the deceased from Sept. 7, 1940, to Sept. 7, 1940
that I last saw her alive on Sept. 7, 1940; and that death occurred on the date and hour stated above.
Immediate cause of death: Shock Duration _____

Due to Extensive Burns
Due to Gasoline Explains

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 181/15
Of operations _____
Of autopsy _____

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) Accident
(b) Date of occurrence September 7, 1940
(c) Where did injury occur? West Plains, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
3111 In home
While at work _____ (Specify type of place) (e) Means of injury Severe burns
23. Signature W. E. Boggs, M.D. (M. D. or other) _____
Address West Plains, Mo. Date signed 9/30/40

3. (a) PRINT FULL NAME Thelma Karl Thomas
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

4. Sex 7 5. Color of race W 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife Lewis Thomas 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Mar 4 - 1909 (Month) (Day) (Year)

8. AGE: Years 31 Months 6 Days 3 If less than one day hr. _____ min. _____

9. Birthplace West Plains, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Homemaker

11. Industry or business _____
12. Name Geo Perry
13. Birthplace Hawell Co., Mo. (City, town, or county) (State or foreign country)
14. Maiden name Sarah Mae Waugh
15. Birthplace Des Moines, Iowa (City, town, or county) (State or foreign country)

16. (a) Informant Lewis Thomas
(b) Address West Plains, Mo
17. (a) Burial (b) Date thereof 9-9-40 (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation Oak Lawn
18. (a) Signature of funeral director Roberson
(b) Address West Plains, Mo
19. (a) 9-9-40 (Date received local registrar) (b) Uida W. Simons (Registrar's signature)

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

Nagau

RECEIVED

District Health Officer No. 5,

District File Number 1040973

Date Filed _____

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 D. D. Robertson

Licensed Embalmer No. 3432

P. O. Address West Harris, Va

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.