

DEC 18 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38578

State File No. _____

Registration District No. 252

Primary Registration District No. 29152

Registrar's No. 62

1. PLACE OF DEATH:
 (a) County Daviess
 (b) City or town Jamesport
(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)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community One Year
years, months or days

3. (a) PRINT FULL NAME Juliett Thomlinson
 8. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Jesse Ruben Thomlinson 6. (c) Age of husband or wife if alive 5 years
 7. Birth date of deceased April 1859
(Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
<u>81</u>	<u>7</u>	<u>8</u>	<u>hr.</u> <u>min.</u>

9. Birthplace Marion County Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____
 { 12. Name B. T. Wantland
 13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Rebecca Shadden
 15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Vernie Tague
 (b) Address Jamesport, Mo.

17. (a) Burial (b) Date thereof 11-15-40
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Clear Creek Cemetery

18. (a) Signature of funeral director Hope Stern & Unlt. Co.
 (b) Address Gallatin Missouri

19. (a) 11-15-40 (b) Nell Wilson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Daviess
 (c) City or town Jamesport
(If outside city or town limit: 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 November day 13
 year 1940 hour 8 minute 00 A. M.

21. I hereby certify that I attended the deceased from 11
13, 1940, to 11-13, 1940;
 that I last saw her alive on 11-13, 1940;
 and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Due to Sclerosis of the
Coronary Arteries

Due to _____
 Other conditions 4410
(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?
222 (Specify type of place)

While at work? _____ (e) Means of injury _____

28. Signature [Signature] (M. D. or other) _____
 Address Jamesport, Mo. Date signed _____

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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

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

L. O. Richardson

Licensed Embalmer No. 3302

P. O. Address Hallatier 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.