

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

FILED JAN 20 1941
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

43190

State File No. _____

Registration District No. 548

Primary Registration District No. 5740

Registrar's No. 60

1. PLACE OF DEATH: Marion

(a) County Marion

(b) City or town J. I. No. 1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 days
(Specify whether years, months or days)

In this community 1 Month
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

(c) City or town Rural
(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.

3. (a) PRINT FULL NAME Ada Thomas

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex female 5. Color or race Negro

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Charley Russ

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

7. Birth date of deceased 1869
(Month) (Day) (Year)

8. AGE: Years 71 Months _____ Days _____

If less than one day _____ hr. _____ min.

9. Birthplace Kalls County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Leonard Clark

13. Birthplace Kalls Count, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Harriett Frazier

15. Birthplace Kalls county, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Steve Drake

(b) Address Palmyra, MO.

17. (a) Burial (b) Date thereof 12/21/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Palmyra cemetery

18. (a) Signature of funeral director Lewis Brown

(b) Address Palmyra, MO.

19. (a) Dec. 21-1940 (b) Bertrude Lee
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20
year 1940 hour 12:30 minute P. M.

21. I hereby certify that I attended the deceased from Dec - 1940
1940 to Dec 17 1940
that I last saw her alive on Dec 17 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis, (History for)

Due to _____

Due to _____

Other conditions. G.C.
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

Duration _____

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? _____

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

23. Signature W. A. Tollem (M. D. or other) _____

Address Palmyra Mo Date signed _____

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

Geoff Lewis

Licensed Embalmer No. 2582

P. O. Address Palmyra, Missouri

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, fact should be so stated above.