

No. 2
4-13-40
1-17-39
I X21

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

MAR 19 1941
Registration District No. **30**

Primary Registration District No. **3003**

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Monett
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
614 5th. St. /
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME Amanda Catherine Thomas

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife Dave Thomas

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

7. Birth date of deceased Dec. 3, 1848
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>92</u>	<u>2</u>	<u>10</u>	<u>hr. min.</u>

9. Birthplace Giles County, Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name James McCoy

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

14. Maiden name Don't know

15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. E. Smith

(b) Address 616 5th. St., Monett, Mo.

17. (a) Burial (b) Date thereof Feb. 16, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Callan Cemetery

18. (a) Signature of funeral director Callan

(b) Address _____

19. (a) 2-15-1941 (b) W. M. West 31
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 6

(c) City or town Monett 9
(If outside city or town limits, write "RURAL")

(d) Street No. 614 5th. St. 1
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 13
year 1941 hour One minute 30 A. M.

21. I hereby certify that I attended the deceased from Feb. 4
1941 to Feb. 13, 1941;
that I last saw her alive on February 4, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia 3 days
Duration

Due to Fractured hip from fall 10 days
Duration

Due to _____

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

Major findings: 186 W
Of operations 186 W

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 of 05

(b) Date of occurrence 2-4-41

(c) Where did injury occur? at home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home

While at work? no (Specify type of place)

(e) Means of injury fall

23. Signature Callan Smith (M.D. or other) DO

Address Monett, Mo Date signed 2/13/41

RECEIVED

District Health Officer No. 9,

District File Number 341-452

Date Filed MAR 13 1949

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

J. D. Buchanan
working under my personal supervision.

Registered Apprentice No. _____

Signed

J. D. Buchanan

Licensed Embalmer No. 3179

P. O. Address

Mount 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, fact should be so stated above.