

FILED APR 21 1941
395

Registration District No. _____

Primary Registration District No. 551A

Registrar's No. 5

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Rural Sni A Bar Two
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2 miles N Blue Springs Mo
(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 Margaret L Thomas
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 1. Color or race W 6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Mar 16 1860
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	80	11	16	hr. _____ min. _____

9. Birthplace Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER
12. Name Geo P Smith
13. Birthplace Ky
(City, town, or county) (State or foreign country)
14. Maiden name Mary Livina Ellis
15. Birthplace Va
(City, town, or county) (State or foreign country)

16. (a) Informant Mammie Thomas

(b) Address Blue Springs Mo

17. (a) Burial (b) Date thereof Mar 3 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation At Washington

18. (a) Signature of funeral director R.B. Webb
(b) Address Blue Springs MO

19. (a) _____ (b) 1
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Blue Springs Mo
(If outside city or town limits, write "RURAL")
Rural 2 mi North Blue Spring
(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 Feb 28 day 28
year 1941 hour 10 minute 0 M. A

21. I hereby certify that I attended the deceased from Feb 28 to Feb 28, 1941,
that I last saw her alive on Feb 27, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis and
hypertension

Due to age

Due to 97

Other conditions _____
(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? _____

23. Signature J.P. Craig (Specify type of place) _____
While at work? _____ (e) Medical injury _____
Address 3102 Garrison Valley (M., D. or other) _____

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

R. Bluebl

Licensed Embalmer No.

2352

P. O. Address

Blue Springs

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10932

Registration District No. 395

Primary Registration District No. 2357 H

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Jackson, Mo. T.P.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2 miles N. Blue Springs, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Blue Springs, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Margaret L. Thomas

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced wed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Mar 16 1860
(Month) (Day) (Year)

8. AGE: Years 80 Months 11 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace: Sequim, Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name Geo. P. Smith

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

14. Maiden name Mary Elizabeth

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

16. (a) Informant Mamie Thomas

(b) Address Blue Springs, Mo.

17. (a) Burial (b) Date thereof: Mar 3 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director G. B. Webb

(b) Address Blue Springs, Mo.

19. (a) 4-25-41 (b) Matty Louise
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 28
year 1940 hour 10 minute A.M.

21. I hereby certify that I attended the deceased from Feb 27 1941 to Feb 28 1941
and that death occurred on the date and hour stated above.
that I last saw her alive on Feb 27 1941

Immediate cause of death: Shattered
Due to: old age
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? _____

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

23. Signature J. P. Crawford (M. D. or other)

Address Grain Valley, 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

1941
S-10932

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.....

Licensed Embalmer No.....

P. O. Address.....

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.