FILED MAY 26 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15486

Registration District No. 476 Primary Registration District No. 4402 Registrar's No. 8

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

1. PLACE OF DEATH:
(a) County: Phelps
(b) City or town: Newburg (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 ____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Phelps
(c) City or town: Newburg Mo (If outside city or town limits, write "RURAL") 1
(d) Street No. ____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Laura Etta 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: married
6. (b) Name of husband or wife: Thomas Thomas
6. (c) Age of husband or wife if alive: 83 years
7. Birth date of deceased: July (Month) 5 (Day) 1866 (Year)
8. AGE: Years 74 Months 8 Days 12 If less than one day ____ hr. ____ min.
9. Birthplace: Salem (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business ____
MOTHER FATHER
12. Name: William Warner
13. Birthplace: ____ (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name ____
15. Birthplace: ____ (City, town, or county) ____ (State or foreign country)
16. (a) Informant: Walter Thomas
(b) Address: Newburg Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar 19 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Olive
18. (a) Signature of funeral director: Lee Johnson
(b) Address: Newburg Mo
19. (a) 4/20/41 (Date received local registrar) (b) Lee Johnson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar 18 day ____ year 1941 hour ____ minute ____ M

21. I hereby certify that I attended the deceased from One year ____, 19____, to Mar 18 1941, that I last saw her alive on Mar 17 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage
Due to: Chronic Nephritis
Due to: ____
Other conditions (Include pregnancy within 3 months of death): ____
Major findings: Of operations: None
Of autopsy: No

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

23. Signature: R. E. Brewer (M. D. or other) M.D.
Address: Newburg Mo Date signed 3/18/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 541/672
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 Lee Johnson

Licensed Embalmer No. 3392

P. O. Address Newburg 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.

S. No. 28
41
77852

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18486

Registration District No. 676 Primary Registration District No. 4402 Registrar's No.

1. PLACE OF DEATH
(a) County Phelps
(b) City or town Newburg
(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 years, months or days).
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Laura Etta 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 M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive year
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years 74 Months 8 Days 17 If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER 12. Name
FATHER 13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Martha Jane Warefield
MOTHER 15. Birthplace Do not know (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director Lee Johnson
(b) Address Newburg Mo
19. (a) 4/20/41 (Date received local registrar) (b) Lee Johnson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 18 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw h alive on , 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to	
Due to	
Other conditions (Includes pregnancy within 3 months of death)	
Major findings: 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)
(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? (Specify type of place)
While at work? (e) Means of injury
23. Signature R. E. Brewer (M. D. or other)
Address Newburg Mo Date signed

SUPPLEMENTARY

S-15486