

No. 2  
13-40  
17-39  
X23159

Registered District No. 104

Primary Registration District No. 3008

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

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution:  
210 W. Sixth Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community Life / \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Wilmoth Virgilla Thomas

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex ♀

5. Color or race W

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

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

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

7. Birth date of deceased: June 17 1868  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>0</u>	<u>22</u>	_____ hr. _____ min.

9. Birthplace Callaway Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Alfred S. Stevens

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

14. Maiden name Harriett Delp

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

16. (a) Informant Miss Pearl Thomas

(b) Address Fulton, Missouri

17. (a) Burial (b) Date thereof July 11, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mexico, Texas

18. (a) Signature of funeral director Geo. H. Wallace

(b) Address Fulton, Missouri

19. (a) July 11, 1941 (b) R. H. Crum  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 014

(a) State Missouri (b) County Callaway

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

(d) Street No. 210 W. Sixth Street  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9  
year 1941 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from 1939  
\_\_\_\_\_, 19\_\_\_\_, to July 9, 1941;  
that I last saw her alive on July 9, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death aplastic anemia

Due to cause unknown

Due to 1/3 H

Other conditions Hypostatic pneumonia  
(Include pregnancy within months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration 3 yrs

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? \_\_\_\_\_

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

23. Signature Henry Dunt (M. D. or other) D  
Address Fulton, Mo. Date signed 7/11/41

**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 *James O. Mudd*  
Licensed Embalmer No. *4152*  
P. O. Address *Fulton Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**