No. 2
-13-40
17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25210

Registration District No. 369

Primary Registration District No. 5515

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Holt

(b) City or town Rural - Union Township (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) 58 years 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt

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

(d) Street No. Union Township (If rural, give location)

(e) If foreign born, how long in U. S. A.? 58 0 years.

3. (a) PRINT FULL NAME Whilimena Marie Theas

3. (b) If veteran, name war —

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Mr. Henry Theas

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased March (Month) 13 (Day) 1875 (Year)

8. AGE: Years 66 Months 3 Days 26 If less than one day ___ hr. ___ min.

9. Birthplace Hanover (City, town, or county) 4 Germany (State or foreign country)

10. Usual occupation Housewife

11. Industry or business In Home

FATHER
12. Name Fritz Ideker
13. Birthplace Hanover (City, town, or county) 4 Germany (State or foreign country)

MOTHER
14. Maiden name Dorthy Ernsting
15. Birthplace Hanover (City, town, or county) 4 Germany (State or foreign country)

16. (a) Informant Henry Theas

(b) Address Craig, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-12-41 (Month) (Day) (Year)

(c) Place: burial or cremation I.O.O.F. - near Craig

18. (a) Signature of funeral director Wilber L. Schooler

(b) Address Craig, Mo.

19. (a) July 10 1941 (Date received local registrar) (b) Vinita Anderson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9 year 1941 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from Jan 2, 1941, 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.

	Duration
Immediate cause of death Carcinoma of Humerous	1940
Due to A. fall	
Due to	
Other conditions (Include 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 V. C. Whitehead (M.D. or other) 2

Address Craig, Mo. Date signed 7/10/41

(Licensed Embalmer's Statement on Reverse Side)

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 Wilber L Schooler

Licensed Embalmer No. 3997

P. O. Address Craig, Mo.

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

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

. No. 2B
—8-21-41
I X29288

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. 25-210

Registration District No. 369 Primary Registration District No. 5515 Registrar's No. 9

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Holt

(b) City or town Rural - Union Twp
(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 58 yrs
years, months or days)

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 Whilemena M Theas

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 years

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

8. AGE: Years | Months | Days | 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 FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (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
(b) Address

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9
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 Carcinoma of Numerous

Due to a Fall

Primary seat of malignancy

Due to upper third of humerous

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.

55e

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence July 1, 1940

(c) Where did injury occur? Craig (City or town) Holt (County) Mo. (State)

(b) Did injury occur in or about home, on farm, in industrial place, in public place?
Fell in bath tub at sons home
(Specify type of place)

While at work? (e) Means of injury

23. Signature V. C. White (M. D. or other)

Address Craig, Mo. Date signed 9/16/41

S-25210