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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 5 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28397

Registration District No. 328 Primary Registration District No. 5459 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Grundy
(b) City or town RURAL - TRENTON TWP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Died-In-Ambulance-on-Highway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 2 years, months or days)

2. USUAL RESIDENCE OF DECEASED: 040 1 2
(a) State Missouri (b) County Grundy
(c) City or town TRENTON
(If outside city or town limits, write "RURAL")
(d) Street No. 1524 Carnes St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Victoria Thomas

3. (b) If veteran, name war —
3. (c) Social Security No. NONE

4. Sex Female 3
5. Color or race Black
6. (a) ~~Single, widowed, married, divorced~~ 3 divorced
6. (b) Name of husband or wife Charlie White
6. (c) Age of husband or wife if alive UNKNOWN years
7. Birth date of deceased JAN (?) 1895 (Month) (Day) (Year)

8. AGE: Years about 46 Months 5 Days - If less than one day hr. min.

9. Birthplace Mercer County Mo. 0 (City, town, or county) (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business Home
FATHER
12. Name C. J. Reed
13. Birthplace Trenton Mo. 0 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Marmie Downing
15. Birthplace Mercer County Mo. 0 (City, town, or county) (State or foreign country)
16. (a) Informant C. J. Reed
(b) Address Centerville Iowa
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-2-41 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Grove
18. (a) Signature of funeral director Raymond A. Davis
(b) Address Trenton, Mo.
19. (a) 6-30-41 (Date received local registrar) (b) Irene D. Jaw (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29 4 year 1941 ~~hour~~ About 6:15 minute P M.

21. I hereby certify that I attended the deceased from June 29 41, 19 , to June 29, 19 41 that I last saw her alive on June 29, 41, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Crushed chest. Duration
Due to Auto accident
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) accident
(b) Date of occurrence 6-29-41 11:15 a.m.
(c) Where did injury occur? Carrollton (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? on highway (Specify type of place)
While at work? (e) Means of injury M

23. Signature J. M. Benson (M. D. or other)
Address Centerville Mo. Date signed July 1 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 Raymond A Davis

Licensed Embalmer No. 3424

P. O. Address Trenton, 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.

. No. 2B
—8-21-41
PI 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. 28397

Registration District No. 328 Primary Registration District No. 5459 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County Grundy
(b) City or town Rural
(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 (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 Victoria Thomas
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race B
6. (a) Single, widowed, married, divorced div.
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
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) 7-11-41 (Date received local registrar) (b) Irene D Fair (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29
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.

	Duration
Immediate cause of death Chest Crushed Auto accident	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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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) accident
(b) Date of occurrence June 29 1941
(c) Where did injury occur? Rural near Carrollton Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? driver lost control of auto crashed at side of highway (Specify type of place)
While at work? (e) Means of injury
23. Signature (M. D. or other)
Address Date signed