. S. No. 2
M—9-4-41
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 9 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30975

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 138

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1. PLACE OF DEATH:
(a) County: Nodoway
(b) City or town: MARYVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST MARYS. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 DAY (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: MO (b) County: Harison. 3
(c) City or town: Rural. Clark. 0
(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: MINNIE OLIVE THOMAS

3. (b) If veteran, name war: ✓

3. (c) Social Security No.: ✓

4. Sex: FEMALE

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of husband or wife: W.H. THOMAS

6. (c) Age of husband or wife if alive: 78 years

7. Birth date of deceased: 2 (Month) 15 (Day) 1870 (Year)

8. AGE: Years 76 Months 6 Days 21 If less than one day hr. min.

9. Birthplace: UNKNOWN (City, town, or county) IOWA / (State or foreign country)

10. Usual occupation: HOUSE WIFE

11. Industry or business:

MOTHER FATHER

12. Name: BENJAMIN LANE

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

14. Maiden name: MARY CRISS

15. Birthplace: Unknown (City, town, or county) Iowa / (State or foreign country)

16. (a) Informant: Cerval Thomas ✓
(b) Address: Rock Port.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-8-1942 (Month) (Day) (Year)
(c) Place: burial or cremation: English Grove

18. (a) Signature of funeral director: Clifton Funeral Home
(b) Address: Rock Port. Mo.

19. (a) Sept. 12, 1942 (Date received local registrar) (b) Mary Cole (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 6 year 1942 hour 10. minute 30 a.m.

21. I hereby certify that I attended the deceased from Sept 5, 1942 to Sept. 6, 1942 that I last saw h[illegible] alive on Sept. 5, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: cerebral hemorrhage — Duration 7 Hrs.

Due to: Hypertension & arteriosclerosis

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations: 8 30

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: 0

23. Signature: W. C. Bauman (M. D. or other) M.D.
Address: Maryville, Mo. Date signed 9/7/42

(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 Geo. Bartholomew

Licensed Embalmer No. 3173

P. O. Address Rock Port, 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.