

8. No. 2
-1-4-41
5-17-39
P1 X26339

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31047

FILED OCT 8 1942
Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 331

80
76
74

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

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 215 E 171
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 39 yrs (Specify whether)
years, months or days

3. (a) PRINT FULL NAME Amanda Elizabeth Thomas

3. (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Charles F Thomas 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 11 1864
(Month) (Day) (Year)

8. AGE: Years 78 Months 7 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Cooper County
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business at home

12. Name John M. Weas

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

14. Maiden name Mary C. Phillips

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

16. (a) Informant W. E. Thomas

(b) Address Sedalia, Mo

17. (a) Burial (b) Date thereof 9/24/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Mrs Laughlin Bros

(b) Address Sedalia, Mo

19. (a) 9/24/42 (b) Anna Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 309 E 6
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20
year 1942 hour 7 minute _____ P. M.

21. I hereby certify that I attended the deceased from 9-11-1942 to 9-20-1942

that I last saw h. ee alive on 9-16- 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 1 hr

Due to Coronary occlusion

Due to _____

Other conditions 12/12
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy none

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 Alfred G Thomas (M.D. or other) _____

Address 111 W 4 Sedalia Mo Date signed 9-23-42

100 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

10-2-42

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.....

Robert H Reed

Licensed Embalmer No.....

3745

P. O. Address.....

Sedalia 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.