

FILED SEP 24 1942

Registration District No. 273

Primary Registration District No. 6268

Registrar's No. 38

112  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Webster  
(b) City or town Rural - Niangua Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: X  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution X (Specify whether  
In this community life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster  
(c) City or town Rural Niangua Twp  
(If outside city or town limits, write "RURAL.")  
(d) Street No. X (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country. X

3. (a) PRINT FULL NAME Rebecca Thomas

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Oliver Perry Thomas 6. (c) Age of husband or wife if alive 76 years  
7. Birth date of deceased July - 4 - 1867  
(Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days 8 If less than one day X hr. X min.

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name Gabriel Dudley

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

14. Maiden name Mary Garner

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

16. (a) Informant France Thomas

(b) Address Niangua, Missouri

17. (a) Burial (b) Date thereof 9-14-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Coppage

18. (a) Signature of funeral director Ray Rainey

(b) Address Marshall, Missouri

19. (a) Sept 24 1942 (b) J.P. Bruce  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 12  
year 1942 hour 9 minute P.M.

21. I hereby certify that I attended the deceased from Aug. 3rd  
1942 to Sept. 12th, 1942

that I last saw her alive on Sept. 12th, 1942  
and that death occurred on the 12th and hour stated above.

Immediate cause of death Pneumonia Duration  
(Color)

Due to Chronic myocarditis & myocardial degeneration  
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 108  
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 E. J. Maculey D.O. (M. D. or other)  
Address Marshall Mo Date signed Sept. 20th

820

-528  
623/42

SEP 24 1942

---

---

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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**