

Registration District No. 251

Primary Registration District No. 3048

Registrar's No.

191

1. PLACE OF DEATH:

(a) County Nodaway
 (b) City or town Maryville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Lanfrazier Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 days (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Grace Shelton Thompson3. (b) If veteran,
name war3. (c) Social Security
No. none4. Sex female 5. Color or race white 6. (a) Single, widowed, married,
divorced married6. (b) Name of husband or wife Harve E. Thompson 6. (c) Age of husband or wife if
alive years7. Birth date of deceased Sept 10 1882
(Month) (Day) (Year)8. AGE: Years 60 Months 3 Days 13 If less than one day
hr. min.9. Birthplace Suitman Mo.
(City, town, or county) (State or foreign country)10. Usual occupation housewife

11. Industry or business

12. Name Edward Shelton13. Birthplace unknown Ill
(City, town, or county) (State or foreign country)14. Maiden name Billie Dean
(City, town, or county) (State or foreign country)15. Birthplace Nodaway Co. Mo.
(City, town, or county) (State or foreign country)16. (a) Informant Harve E. Thompson(b) Address Maryville Mo.17. (a) burial (b) Date thereof 12-27-42
Par. Hill Cem. Maryville Mo. (Month) (Day) (Year)18. (a) Signature of funeral director Price Funeral Home
(b) Address Maryville Mo.19. (a) 12-24-42 (b) Manly Cole
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway
 (c) City or town Maryville (White Cloud Town)
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? No 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 23
year 1942 hour 5 minute 45 A.M.21. I hereby certify that I attended the deceased from DEC. 10
1942 to DEC. 23 1942
that I last saw her alive on DEC. 23 1942
and that death occurred on the date and hour stated above.

Immediate cause of death

CARCINOMA OF THE STOMACH

Duration

6 mo

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings: CARCINOMA of STOMACHOf operations METASTASES IN OMENTUM + SPLEEN

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 W. L. Lanfrazier (M. D. or other) DO
Address Maryville, Mo. Date signed 12-23-42

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

1268

(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.....

Alan M. Price

Licensed Embalmer No. *1822*

P. O. Address *Maryville, 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.