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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 3655  
Registrar's No. 191

FILED JAN 18 1942  
Registration District No. 324

Primary Registration District No. 60936092

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

1. PLACE OF DEATH:  
(a) County Saline  
(b) City or town Rural Grand Pass Towne  
(c) Name of hospital or institution:  
3 Miles East of Waverly Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community All her Life years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Carroll  
(c) City or town Rural  
(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 Catherine Ann Thomas  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month December day 11th  
year 1942 hour 4 minute 0 A. M.  
21. I hereby certify that I attended the deceased from 1-29, 1942, to 12-11, 1942  
that I last saw her alive on 12-10, 1942  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced, Single  
(b) Name of husband or wife \_\_\_\_\_ (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased July 3, 1850  
(Month) (Day) (Year)

Immediate cause of death Myocarditis Chronic  
Due to Cardio Vascular Renal Disease  
Duration 1 year  
about 2 years

8. AGE: Years Months Days If less than one day  
85 5 3 hr. min.  
9. Birthplace Waverly Mo.  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations 13/a  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

10. Usual occupation \_\_\_\_\_  
11. Industry or business \_\_\_\_\_  
12. Name William S. Thomas  
13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Elize J. Hale  
15. Birthplace Waverly Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. B.J. Zeysing  
(b) Address Waverly Mo.  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof to 13 42  
(Month) (Day) (Year)  
(c) Place: burial or cremation Waverly Cemetery  
18. (a) Signature of funeral director Willis Marshall  
(b) Address Carrollton Mo.  
19. (a) 12-13-42 (Date received local registrar) (b) Mrs. T.O. Westbrook (Registrar's signature)

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 Geo A. Kelling (M. D. or other) \_\_\_\_\_  
Address Waverly Mo Date signed 12-11-42

12/13

RECEIVED

ist Health Officer No. 8,

File Number \_\_\_\_\_

Date 1-15-42

**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 myself

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed P. M. Marshall

Licensed Embalmer No. 2525-

P. O. Address Crown Point, 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.**