

FILED APR 8 1948

Registration District No. **46**

Primary Registration District No. **4065**

Registrar's No. **13**

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

1. PLACE OF DEATH:

(a) County **Caldwell**
(b) City or town **Polo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community **all his life** (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Caldwell**
(c) City or town **Polo**
(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.? **0** years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **24**
year **1943** hour **8** minute **30 P** M.
21. I hereby certify that I attended the deceased from **Jan 10**, 19**41**, to **Feb 24**, 19**43**
that I last saw him alive on **Feb 23**, 19**43**; and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **Indefinite**

Due to **Hypertension** years

Due to **Arteriosclerosis** years

Other conditions (Include pregnancy within 3 months of death) **8301**

Major findings: Of operations _____

Of autopsy _____

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 **C. J. [Signature]** (M. D. certifier)
Address **Polo Mo** Date signed **2-26-43**

3. (a) PRINT FULL NAME **Alvilda Thomas**

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

4. Sex **Perm.** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **E. L. Thomas** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **June 17 - 1870**
(Month) (Day) (Year)

8. AGE: Years **72** Months **8** Days **7** If less than one day _____ hr. _____ min.

9. Birthplace **Ray, ev. Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

11. Industry or business _____

12. Name **Hubbard Peoples**

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

14. Maiden name **Mary E. Bentley**

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

16. (a) Informant **Mrs. Maud Holman**

(b) Address **Polo Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **2 24 43** (Month) (Day) (Year)

(c) Place: burial or cremation **Knows no**

18. (a) Signature of funeral director **Al [Signature]**

(b) Address **Polo Mo**

19. (a) **3-6-42** (Date received local registrar) (b) **Mr. [Signature]** (Registrar's signature)

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

Dean A. Alsop

Licensed Embalmer No.

5408

P. O. Address

Polo 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.