

S. No. 2
M-9-4-41
5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18529

State File No.

FILED JUN 14 1943

Registration District No. 677

Primary Registration District No. 5841

Registrar's No.

1. PLACE OF DEATH:

(a) County Newton

(b) City or town R.F.D. # 4 Buffalo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether)

In this community 28 yrs.
years, months or days (Specify whether)

(2) USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 72

(c) City or town rural
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. # 4
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Uma A. Thogmartin

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife James Thogmartin

6. (c) Age of husband or wife if alive years

7. Birth date of deceased October 21 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>6</u>	<u>18</u>	hr. min.

9. Birthplace stone Co. Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

MOTHER FATHER {

12. Name Redfern

13. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Don Thogmartin

(b) Address Neosho, Mo. R.F.D. # 4

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 5-15-43
(Month) (Day) (Year)

(c) Place: burial or cremation Belfast

18. (a) Signature of funeral director W. R. Bennett

(b) Address Seneca, Mo.

19. (a) 5-15-43
(Date received local registrar)

(b) W. R. Bennett
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
year 1943 hour 10 minute 25 M.

21. I hereby certify that I attended the deceased from Feb 10th
1943 to May 9 1943
that I last saw him alive on May 9 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pericarditis
Mitral stenosis

Duration 4 months

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 900

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?

While at work? (Specify type of place)

(c) Means of injury

23. Signature John B. Roberts (M. D. or other) 2 001

Address P.O. Box 294 Seneca Mo. Date signed 5-13-43

130 (Licensed Embalmer's Statement on Reverse Side)

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

3
6
0

Date Received JUN 7 1943
File no. 643-113

JUN 10 1943

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 *P. W. Buzzard*
.....
Licensed Embalmer No. *2334*
P. O. Address *Geneva, 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.