

FILED JUL 9 1943

Registration District No. 744

Primary Registration District No. 4234

Registrar's No. 19

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

47
1
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1. PLACE OF DEATH:

(a) County Iron

(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Marys of the Springs, Princeton, Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 weeks
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME FREDA. THOMSEN

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex male

5. Color or Race White

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

6. (b) Name of husband or wife Marie Thomsen

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Aug 9 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>62</u>	<u>9</u>	<u>28</u>		hr. min.

9. Birthplace Danvers, Vermont
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Merchant

MOTHER FATHER

12. Name August Thomsen

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

14. Maiden name Anna Detmer

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

16. (a) Informant Marie Thomsen

(b) Address River mines, Mo

17. (a) Burial (b) Date thereof 6 10 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harmington, Mo

18. (a) Signature of funeral director E. J. Boyer

(b) Address 212 E. 1st St. Miller

19. (a) 6-9-43 (b) Virginia K. Miller
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Francois

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

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7th
year 1943 hour 11 minute 2 P. M.

21. I hereby certify that I attended the deceased from March 13, 1943, to June 7, 1943
that I last saw her alive on June 1, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of sigmoid with liver metastasis

Duration 8 mo. 6 wks.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 462

Major findings: Of operations Carcinoma of sigmoid colon

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) (e) Means of injury _____

23. Signature Geo. H. Wetmore (M. D. or other) _____

Address Farmington, Mo Date signed 6-9-43

RECEIVED

District Health Officer No. 4
District File Number 743-2391
Date Filed 7-7-43

JAN 28 1955

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..... *C. J. Bayer*

Licensed Embalmer No. 16771

P. O. Address. *Richmond, Va*

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.