No. 2
7-42
17-39
X32873

WRITE PLAINLY—USE UNFADING BLACK INK—PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25446

State File No.

FILED AUG 7 1943

Registration District No. 1

Primary Registration District No. 3 04 0 5 7 0 4 Registrar's No. 76

1. PLACE OF DEATH:

(a) County: Livingston

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

(c) Name of hospital or institution:
Chillicothe Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)

In this community 34 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri. (b) County: Livingston 59

(c) City or town: Wheeling 0
(If outside city or town limits, write "RURAL")

(d) Street No.: General Delivery
(If rural, give location)

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

If yes, name country: 0

3. (a) PRINT FULL NAME: GARNETT THOMAS

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Pearl Thomas

6. (c) Age of husband or wife if alive: 43 years

7. Birth date of deceased: Oct. (Month) 8th. (Day) 1908 (Year)

8. AGE:

Years	Months	Days	If less than one day
34	9	1	hr. min.

9. Birthplace: Livingston County (City, town, or county) Missouri. (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: Howard Smith
13. Birthplace: Linn County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Anna Hampton
15. Birthplace: (City, town, or county) Missouri. (State or foreign country)

16. (a) Informant: Pearl Thomas
(b) Address: Wheeling, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-11-'43 (Month) (Day) (Year)
(c) Place: burial or cremation: Wheeling Cemetery

18. (a) Signature of funeral director: F. B. Norman Co.
(b) Address: Chillicothe, Missouri.

19. (a) July 11-1943 (Date received local registrar) (b) Lea Ella Curry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: July day: 9th. year: 1943 hour: 12:00 minute: P.M.

21. I hereby certify that I attended the deceased from July 5, 1943, to July 9, 1943, that I last saw him alive on July 9, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death: Peritonitis following

Due to: surgical operation for tumor of

Due to: fibroids

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

Major findings:
Of operations:

Of autopsy:

Duration

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: [illegible] (M. D. or other)

Address: Chillicothe Mo. Date signed: 7-10-43

(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 E. R. Norman, Registered Apprentice No.

working under my personal supervision.

Signed E R Norman

Licensed Embalmer No. 2374

P. O. Address Chillicothe, Missou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
M—5-43
X36930

WRITE PLAINLY—U... UNFAI NG BLACK INK—M... E A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 10 19[illegible]

State File No.

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 76

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Chillicothe
(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 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(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 Garnett Thomas

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct (Month) 8 (Day) 1908 (Year)

8. AGE: Years 34 Months 9 Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9
year 1943 hour minute M.

21. I hereby certify that I attended the deceased from
, 19 to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis following

Due to surgical operation of Tumor of uterus

Due to The histon or etiology of this is unknown to me & I have been unable to obtain same. Autopsy was denied.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operation
Of autopsy 129

Duration

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature D M Dowell (M. D. or other)

Address Chillicothe Mo Date signed 8/12/43

S-25446