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Registration District No. **254**

Primary Registration District No. **5867**

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

1. PLACE OF DEATH:

(a) County Oregon

(b) City or town Thayer (Rural) Thayer, Oregon
(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..... **55 years** (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon **25**

(c) City or town Thayer (Rural)
(If outside city or town limits, write "RURAL") **3**

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

(e) Citizen of foreign country? (Yes or No) **1**
If yes, name country.....

3. (a) PRINT FULL NAME Ellen A. 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, Widowed

6. (b) Name of husband or wife Jeffery Thomas 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased July 25 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

79 - 2 hr. min.

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

10. Usual occupation Domestic

11. Industry or business

MOTHER FATHER { 12. Name ? Wilson

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

{ 14. Maiden name Elizabeth Lend

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

16. (a) Informant Fred Ryan

(b) Address Mammoth Spring, Ark.

17. (a) Burial (b) Date thereof 7/30/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Thayer Cem.

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

(b) Address Thayer, Mo.

19. (a) 8-10-43 (b) Jae Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27
year 1943 hour 11 minute 35 A. M.

21. I hereby certify that I attended the deceased from July 26 1943 to July 26 1943
that I last saw him alive on July 26 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Cancer gall bladder

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) H6

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?

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

23. Signature H. B. Hall (M. D. or other) **0**

Address Mammoth Spring, Ark. Date signed 8/2/43

RECEIVED

District Health Officer No. 6

District File Number

943531

Date Filed

9-7-43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.