

No. 2  
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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 14 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4721

State File No. \_\_\_\_\_

Registration District No. 357

Primary Registration District No. 6211

Registrar's No. 1

1. PLACE OF DEATH.

(a) County TEXAS

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

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

(d) Length of stay: In hospital or institution 1  
(Specify whether)

In this community ALWAYS  
years, months or days

3. (a) PRINT FULL NAME NANCY CORDELIA 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 MARRIED

6. (b) Name of husband or wife HADEN D THOMAS

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased DEC 16 1892  
(Month) (Day) (Year)

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

61 1 14 hr. min.

9. Birthplace TEXAS Co MO MO  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name MARSHAL CRAWFORD

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

14. Maiden name ELIZABETH PIPKIN

15. Birthplace GREEN Co MO MO  
(City, town, or county) (State or foreign country)

16. (a) Informant H. D. Thomas

(b) Address PLATO MO

17. (a) BURIAL (b) Date thereof 2-2-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CENTRAL CEM.

18. (a) Signature of funeral director PALMER'S

(b) Address LEBANON MO

19. (a) 2-5-44 (b) Stella McLaughlin  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County TEXAS 107

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

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

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30th  
year 1944 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from Jan 18  
1944, to Jan 30 1944  
that I last saw her alive on Jan 30 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

myocardial failure 5min.

Due to diabetic coma 1 day

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 61

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 James S. Hope (M. D. or other)

Address Lebanon, Mo Date signed 1/31/44

1256

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 5,

District File Number 244134

Date Filed 21 10, 44

JUN 8 1945

SEP 7 1956

SEP 21 1956

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 Allyn Dehaage

Licensed Embalmer No. 4333

P.O. Address Swanton 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.