S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11424

Registration District No. 985 FILED APR 6 1944 Primary Registration District No. 3039 Registrar's No. 24

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Marceline
(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 65 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn 58

(c) City or town Marceline 1
(If outside city or town limits, write "RURAL") 2

(d) Street No. 425 E Gracia
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Philomena Thome

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 83 W. W. Thome

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased May (Month) 13 (Day) 1868 (Year)

8. AGE: Years 75 Months 9 Days 23 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Aloysious Senn 5
13. Birthplace (City, town, or county) Switzerland (State or foreign country)

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

16. (a) Informant Windle Thome Jr.
(b) Address Marceline Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 9 1944 (Month) (Day) (Year)
(c) Place: burial or cremation St Joseph Cemetery

18. (a) Signature of funeral director James M Laughlin
(b) Address Marceline Mo.

19. (a) 3-8-44 (Date received local registrar) (b) P. L. Patrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6
year 1944 hour 5 minute 35 P.M.

21. I hereby certify that I attended the deceased from 11-30-43, 19__, to 3-6-44, 19__;
that I last saw her alive on 2-16-44, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary thrombosis	
Due to	
Due to	
Other conditions Chronic nephritis (Include pregnancy within 3 months of death) Hypertension	

Major findings:
Of operations
Of autopsy 131 P

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 2

23. Signature John W. Aiken (M. D. or other) D.O.
Address Marceline Mo. Date signed 3-8-44

(Licensed Embalmer's Statement on Reverse Side)

MAR - 8 1945

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.....Dale Bunch

Licensed Embalmer No.....4088

P. O. Address.....Marceline 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.