

Registration District No. **944**

Primary Registration District No. **5107**

Registrar's No. **7**

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

1. PLACE OF DEATH:

(a) County Benton

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

(c) Name of hospital or institution: 1  
(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

3. (a) PRINT FULL NAME Martha Leora 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 James Simpson Thomas 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased February 24 1881  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>1</u>	<u>25</u>	hr. _____ min.

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

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name James Taylor

13. Birthplace Belfast Ireland 4  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Wilson

15. Birthplace Jasper County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant J. S. Thomas

(b) Address Rt. #2 Lincoln, Missouri

17. (a) Burial (b) Date thereof Apr. 20, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Pleasant Cemetery

18. (a) Signature of funeral director White-Reser

(b) Address Warsaw, Missouri

19. (a) April-21-1944 (b) Pauline Harms  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton 8

(c) City or town E. White Twp. (Rural)  
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. #2, Lincoln, Mo.  
(If rural, give location)

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

If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19  
year 1944 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from March 27, 1944, to 19 \_\_\_\_\_, 1944, that I last saw her alive on April 13, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration \_\_\_\_\_

Due to Chronic Myocarditis

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

Other conditions (Include pregnancy within 3 months of death) 920

PHYSICIAN

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 S. O. Stratton (M. D. or other) 0

Address Lincoln Mo Date signed Apr 20 1944

1341

RECEIVED

District Health Officer No. 7,

District File Number 4-44-605

Date Filed 5-6-44

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.....

working under my personal supervision.

..... Registered Apprentice No.....

Signed Harold L. Lippin

Licensed Embalmer No. 3053

P. O. Address Warsaw 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.**