S. No. 2
1—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 9 1944

Registration District No. 81

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3617

State File No. 27581

Registrar's No. 93

1. PLACE OF DEATH:
(a) County: Cooper
(b) City or town: Boonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 Day (Specify whether years, months or days)
In this community: All of life.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cooper
(c) City or town: Boonville
(If outside city or town limits, write "RURAL")
(d) Street No.: 1013 Seventh St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: Mrs. Margaret Tom.
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: Anton Tom
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: June (Month) 13" (Day) 1874 (Year)
8. AGE: Years 70 | Months 1 | Days 15 | If less than one day: hr. min.
9. Birthplace: Boonville, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife.
11. Industry or business: At home.
MOTHER FATHER
12. Name: John Weber
13. Birthplace: Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Margaret Kirchner
15. Birthplace: Germany (City, town, or county) (State or foreign country)
16. (a) Informant: Mis's Minnie Weber
(b) Address: Boonville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 30" (Month) (Day) /44 (Year)
(c) Place: burial or cremation: Walnut Grove Cem.
18. (a) Signature of funeral director: Goodman & Bell
(b) Address: Boonville, Mo.
19. (a) Jul 30-44 (Date received local registrar) (b) Dr Chas. Swap (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28" year 1944 hour minute M.
21. I hereby certify that I attended the deceased from July 27, 1943, 19..., to July 28, 1944; that I last saw her alive on 7-28-44, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute heart failure due to thyroid operation for toxic adenoma of thyroid.
Due to:
Due to:
Other conditions: Chronic thyrotoxic heart disease.
(Include pregnancy within 3 months of death)
Major findings: Of operations: Adenoma of thyroid
Of autopsy: not done.

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: (M. D. or other) MD
Address: Boonville, Mo. Date signed 7/29/44

1088 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
[illegible] Officer No. 8.
[illegible] 9-8-44

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.....

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

working under my personal supervision.

Signed J H Goodman

Licensed Embalmer No. 1178

P. O. Address Boonville, 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.