

FILED OCT 11 1944
 Registration District No. 198

Primary Registration District No. 4310

State File No. _____

Registrar's No. 62

1. PLACE OF DEATH:

(a) County MACON
 (b) City or town Bevier
(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) 1
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____
years, months or days)

3. (a) PRINT FULL NAME MARY ANN 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 JOE THOMAS 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased December 19 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>8</u>	<u>20</u>	hr. min.

9. Birthplace LINN MO. D
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name JAMES WILSON 4

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

14. Maiden name MARIA MANTLE

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

16. (a) Informant MISS ETHEL HARRIS

(b) Address Bevier Mo

17. (a) EAST OAKWOOD (b) Date thereof SEPT 15 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation EAST OAKWOOD Cem

18. (a) Signature of funeral director W. G. Edwards

(b) Address Bevier Mo

19. (a) 9-26-44 (b) Winnie J Rowland
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County MACON 61
 (c) City or town Bevier 1
(If outside city or town limits, write "RURAL") 0
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 10
 year 1944 hour 4 minute 0 M.

21. I hereby certify that I attended the deceased from 8-24-44
 to 9-10-44 1944
 that I last saw him alive on 9-9-1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-vascular Disease 2 yrs

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 W. G. Edwards (M. D. or other) _____

Address Bevier Mo Date signed 9-14-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 10

District File Number 20-44-1676

Date Filed OCT 7 1944

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 H. B. Edwards

Licensed Embalmer No. 1961

P. O. Address Beverly 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.