

V. S. No. 2  
 OM-8-43  
 ev. 5-17-39  
 I X37823

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **38509**

FILED NOV 16 1944  
 Registration District No. **229**

Primary Registration District No. **5907**

Registrar's No. \_\_\_\_\_

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

780

**1. PLACE OF DEATH:**  
 (a) County Pemiscot  
 (b) City or town rural Cooter Twp.  
(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 None  
(Specify whether)  
 In this community 13 yrs.  
years, months or days

**3. (a) PRINT FULL NAME** Myrle Thomas

3. (b) If veteran, name war No 3. (c) Social Security No. NONE

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept 3 1931  
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>13</u>	<u>1</u>	<u>28</u>	hr. _____ min.

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

10. Usual occupation Child

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

**MOTHER FATHER** { 12. Name Marshall Thomas

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

14. Maiden name Ludie Blessing

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

16. (a) Informant Marshall Thomas  
 (b) Address Cooter, Mo. Box 44

17. (a) Burial (b) Date thereof 11-1-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation No. 8 Cem.

18. (a) Signature of funeral director German Funeral Home  
 (b) Address Steele, Mo.

19. (a) 11-6-44 (b) C. E. Limbaugh  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Pemiscot  
 (c) City or town Cooter, Rural  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Oct. day 31  
 year 1944 hour 12:05 minute A.M.

21. I hereby certify that I attended the deceased from March 1943 to Oct. 31, 1944  
 that I last saw h. e. r. alive on Oct. 30, 1944,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Thrombocytopenic Purpura  
 Duration \_\_\_\_\_

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

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

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

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

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) (e) Means of injury

23. Signature L. E. Cooper (M. D. or other) M.D.  
 Address Cooter, Mo. Date signed 11-4-44

(Licensed Embalmer's Statement on Reverse Side)

1201

10-44-~~757~~<sup>257</sup>

DEC 4 1942

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 John F. German

Licensed Embalmer No. 4255

P. O. Address Glade, Mo Box 71

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.