

FILED APR 19 1945  
Registration District No. 217

Primary Registration District No. 3045

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Mississippi  
 (b) City or town Charleston, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Residence  
 (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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mississippi  
 (c) City or town Dorena, Mo.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location) 2  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Elizabeth Thomas  
 3. (b) If veteran, name war ✓  
 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15  
 year 1945 hour 5:30 minute PM M.

4. Sex Female  
 5. Color or race Colored  
 6. (a) Single, widowed, married, divorced ✓  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) \_\_\_\_\_ (Year)  
 7. Birth date of deceased: Aug. 17 1944  
 (Month) (Day) (Year)  
 8. AGE: Years \_\_\_\_\_ Months 6 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

21. I hereby certify that I attended the deceased from Attended as Coroner 19\_\_\_\_  
 that I first saw him alive on \_\_\_\_\_ 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Accidental asphyxiation Duration \_\_\_\_\_  
 Due to: Strangled on food (milk) while taking bottle in sleep  
 Due to: Mother found it 1 hour later  
 Other conditions: \_\_\_\_\_ (Include pregnancy within 3 months of death)

9. Birthplace Mississippi Co. Mo. (City, town, or county) (State or foreign country)  
 10. Usual occupation \_\_\_\_\_  
 11. Industry or business \_\_\_\_\_  
 12. Name Emmett Thomas  
 13. Birthplace Louisiana (City, town, or county) (State or foreign country)  
 14. Maiden name Idelle Veuseau  
 15. Birthplace Duke Pango, Arkansas (City, town, or county) (State or foreign country)  
 16. (a) Informant Emmett Thomas  
 (b) Address Dorena, Mo.  
 17. (a) Burial (b) Date thereof 3 16 45 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Cab Grave  
 18. (a) Signature of funeral director David Shelby  
 (b) Address \_\_\_\_\_  
 19. (a) \_\_\_\_\_ (b) John F. Nunelee (Date received local registrar) (Registrar's signature)

Major findings: Of operations \_\_\_\_\_  
 Of autopsy 182-9  
 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) Accident 067  
 (b) Date of occurrence 3-15-45  
 (c) Where did injury occur? at home (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
no injury (Specify type of place) (e) Means of injury 3  
 While at work? \_\_\_\_\_  
 23. Signature John F. Nunelee (Name or other) \_\_\_\_\_  
 Address Charleston Mo. Date signed \_\_\_\_\_

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

10-1-7

1257

RECEIVED

District Health Office No. 2,

District File Number 445-590

Date Filed 4/14/45

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.....

Not embalmed Registered Apprentice No. ....  
working under my personal supervision.

Signed Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prussia, 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.