

V. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8780
28750
Registrar's No. 103

FILED SEP 7 1945
Registration District No. 360

Primary Registration District No. 3076

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

1. PLACE OF DEATH:
(a) County Jerome
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
at home
(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 Cora MacThomas
3. (b) If veteran, name war
3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if
alive ✓ years _____
7. Birth date of deceased: Aug 10 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 11 22 hr. min.

9. Birthplace Unknown Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Homekeeper

11. Industry or business _____

MOTHER FATHER

12. Name Unknown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Beverly Webb
(b) Address Nevada Mo.

17. (a) Burial (b) Date thereof Aug
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Deepwood Cem.

18. (a) Signature of funeral director W. J. Davis
(b) Address Nevada Mo.

19. (a) 8-3-1945 (b) W. J. Davis
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jerome 108
(c) City or town Nevada 1
(If outside city or town limits, write "RURAL")
(d) Street No. 320 So. Lynn 2
(If rural, give location) 0
(e) Citizen of foreign country No (Yes or No)
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 1st
year 1945 hour ? minute _____ M.
21. I hereby certify that I attended the deceased from _____
found her to death 19____;
that I last saw her alive on never saw her before
and that death occurred on the date and hour stated above.

Immediate cause of death Probably Coronary Occlusion
Due to _____

Due to _____
Other conditions ✓
(include pregnancy within 3 months of death) 940

Major findings: ✓
Of operations _____
Of autopsy None

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 W. J. Davis (M. D. or other) _____
Address Nevada Date signed 8-3-45

RECEIVED

District Health Officer No. 7,

District No. Number 8-45-881

Date Filed 9-5-45

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Allen E. Keys

Licensed Embalmer No. 1968

P. O. Address Opoka, 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.