S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

2066

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 34 Primary Registration District No. 4045 Registrar's No. 1

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Ashland
(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 (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10

(c) City or town Ashland 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Nancy E 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 John B Thomas

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March (Month) 20 (Day) 1870 (Year)

8. AGE:

Years	Months	Days	If less than one day
75	9	17	hr. min.

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

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name James Wren
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Margaret Muney
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Frank Thomas
(b) Address Ashland Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-9-1946 (Month) (Day) (Year)
(c) Place: burial or cremation New Liberty Cemt.

18. (a) Signature of funeral director Wm C Burnett
(b) Address Ashland Missouri

19. (a) Jan. 8-1946 (Date received local registrar) (b) Mrs. Mildred Burnett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7 year 1946 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 1 1946 to Jan 7 1946 that I last saw her alive on Jan 7 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 H. B. Pryor (M. D. or other)

Address Ashland Mo Date signed 1-8-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 2-8-46

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 LeRoy Clapp, Registered Apprentice No. 374, working under my personal supervision.

Signed Wm. E. Burnett

Licensed Embalmer No. 3264

P. O. Address Oakland

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.