S. No. 2
M—2-43
. 5-17-39
P 1 X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 28 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6336

Registration District No. 385 | Primary Registration District No. 5655 | Registrar's No. 8

1. PLACE OF DEATH:

(a) County: Lawrence

(b) City or town: Mt. Vernon Twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Sanatorium 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 22 days (Specify whether years, months or days)

In this community: 22 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Lafayette 54

(c) City or town: Lexington 3 (If outside city or town limits, write "RURAL")

(d) Street No.: 2 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Mary E. Thomas

3. (b) If veteran, name war: no

3. (c) Social Security No.: none

4. Sex: 1 female

5. Color or race: white

6. (a) Single, widowed, married, divorced: widowed

6. (b) Name of husband or wife: Unknown

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

7. Birth date of deceased: March (Month) 2d (Day) 1872 (Year)

8. AGE: Years 73 | Months 10 | Days 9 | If less than one day: hr. min.

9. Birthplace: Lexington (City, town, or county) Missouri 6 (State or foreign country)

10. Usual occupation: Housework

11. Industry or business:

FATHER
12. Name: Unknown Unknown 9
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name: Unknown Unknown
15. Birthplace: Unknown (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant: E. McMichael, Record Clerk

(b) Address: Mo. State San, Mt. Vernon, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 1-11-1946 (Month) (Day) (Year)

(c) Place: burial or cremation: Lexington, Mo

18. (a) Signature of funeral director: Temple Funeral Home

(b) Address: Lexington, Mo

19. (a) 1-12-46 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan day: 11th year: 1946 hour: 5:55 minute: A. M.

21. I hereby certify that I attended the deceased from 11-21-45, 19.. to Jan 11, 19 46 that I last saw her alive on Jan 11, 19 46 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	Over 6 mos.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Cystisis	Unknown

Major findings:
Of operations: 12 hr
Of autopsy: Pulmonary Tuberculosis Cystitis. Tbc. Enteritis.

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: J. A. Brasher (M. D. or other) M.D.

Address: Mt. Vernon, Mo. Date signed: 1-11-46

159

(Licensed Embalmer's Statement on Reverse Side)

JAN 7 1948

RECEIVED

District Health Officer No. 6,

District File Number 146-156

Date Filed FEB 26 1946

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 Max L. Fossett

Licensed Embalmer No. 4252

P. O. Address Mt. Vernon Me

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.