S. No. 2
1—9-4-41
. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 29 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

9948

State File No.

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 15

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Aurora (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Aurora Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State OKLAHOMA (b) County 999

(c) City or town BRISTOW 36 (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location) 2

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

If yes, name country

3. (a) PRINT FULL NAME DULCEMIA THOMAS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced 2 WIDOW

6. (b) Name of husband or wife Dead

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

7. Birth date of deceased July (Month) 24 (Day) 1862 (Year)

8. AGE: Years 82 Months Days If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Eliot Munn 9

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

MOTHER 14. Maiden name Nancy Ann 9

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

16. (a) Informant Mrs Ella Turner

(b) Address Reeds Springs Mo

17. (a) Burial & Funeral (Burial, cremation, or removal) (b) Date thereof Feb 17 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Strand Cem

18. (a) Signature of funeral director Everett Cheatham

(b) Address Galena Mo.

19. (a) 2/17/46 (Date received local registrar) (b) Ora Mae Nash (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 14 year 1946 hour Aug minute fifty A.M.

21. I hereby certify that I attended the deceased from FEB 1 1 1 130 PM, 1946, to 19 that I last saw h alive on FEB 13, 11 30 AM 19 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia bilateral General circulatory failure	36 hrs.
Due to Compressed fracture left trochanter femur and left wrist	3 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
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) Accident 101

(b) Date of occurrence Feb 11, 1946

(c) Where did injury occur? Home (City or town) Stone (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? No (e) Means of injury Fall

23. Signature F. F. Pickett (M. D. or other) M.D.

Address Aurora, Mo. Date signed 2/14/46

157

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 3
District File Number 346-328
Date Filed MAR 25 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 Everett J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Galena 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.