

No. 2
M-2-43
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10108

State File No. _____

FILED APR 26 1946

Primary Registration District No. 3043

Registrar's No. 137

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Narrimbal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Hexxing Hospital D
(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 Missouri (b) County Marion
(c) City or town Narrimbal
(If outside city or town limits, write "RURAL")
(d) Street No. 218 N 7th
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Nerxy Pollard Thomas

3. (b) If veteran, name war World War #1 No. _____
3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Grace
6. (c) Age of husband or wife if alive 49 years (Year)
7. Birth date of deceased January 18 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 - 10 hr. min.

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

10. Usual occupation Hay Operator

11. Industry or business _____

MOTHER FATHER
12. Name Miller Thomas
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Ora Ruffner
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Grace Thomas

(b) Address 218 N 7th Narrimbal Mo

17. (a) Burial (b) Date thereof March 30-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Coopers Co. Mo.

18. (a) Signature of funeral director James O'Donnell

(b) Address Narrimbal Mo

19. (a) 4-6-46 (b) Dr. E. M. Lucke
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28
year 1946 hour _____ minute 2:50 P.M.

21. I hereby certify that I attended the deceased from March 4 1946 to March 28 1946
that I last saw her alive on March 28 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis femoral artery
Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations 991
Of autopsy _____

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 [Signature] (M. D. or other) _____
Address Narrimbal Mo Date signed Apr 5-46

Duration 24 Days
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

APR 18 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... *A M O'Rourke*

Licensed Embalmer No. *3889*

P. O. Address. *Hannibal 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.