

1. PLACE OF DEATH:  
 (a) County Shelby county  
 (b) City or town Shelbina, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution None  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution Entire life (Specify whether  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Shelby  
 (c) City or town Shelbina  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Elpha Arelia Thomas  
 3. (b) If veteran, name war X 3. (c) Social Security No. X

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month May day 10th  
 year 1948 hour 4 minute 30 P.  
 21. I hereby certify that I attended the deceased from Aug 15, 1946  
 to May 10, 1948  
 that I last saw her alive on MAY 10, 1948  
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Walter Thomas 6. (c) Age of husband or wife if alive 69 years  
 7. Birth date of deceased May 1st 1877  
 (Month) (Day) (Year)

Immediate cause of death CORONARY OCCLUSION Duration \_\_\_\_\_

8. AGE: Years 69 Months 0 Days 9 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

9. Birthplace Shelbina Missouri  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation House wife

PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_  
 12. Name William W. Thomas  
 13. Birthplace Kentucky  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Frances Kessler  
 15. Birthplace Not Known  
 (City, town, or county) (State or foreign country)

16. (a) Informant Walter Thomas  
 (b) Address Shelbina, Missouri  
 17. (a) Burial (b) Date thereof 5-12-1948  
 (Burial, cremation, or other) (Month) (Day) (Year)  
 (c) Place: burial or cremation Shelbina, Missouri  
 18. (a) Signature of funeral director Million & Batkelew  
 (b) Address Shelbina, Mo.

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 2

19. (a) June 4-46 (b) Ruth Jaeger  
 (Date received local registrar) (Registrar's signature)  
 307

23. Signature R. S. L. Simpson (M. D. or other) MD  
 Address Shelbina, Mo Date signed 6-1-48

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

20

10000

RECEIVED

District Health Officer No. 10

District File Number 6-46-1111

Date Filed JUN 6 1946

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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.....

*W. Hawkins*

Licensed Embalmer No. 3495

P. O. Address.....

*Shelburne 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.**