

S. No. 2
DM-9-43
v. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26658

FILED SEP 10 1946

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 206

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution: St. Mary's Hospital.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
Specify whether

In this community 0
years, months or days

3. (a) PRINT FULL NAME Evelyn Thomas

3. (b) If veteran, name war 0

3. (c) Social Security No. 0

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife 0 6. (c) Age of husband or wife if alive 0 years

7. Birth date of deceased Aug 25 1929
(Month) (Day) (Year)

8. AGE: Years 17 Months 6 Days 0 If less than one day hr. min.

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

10. Usual occupation Student

11. Industry or business

MOTHER FATHER

12. Name Roy A. Thomas

13. Birthplace Middleton Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Eliza May Maults

15. Birthplace Washed Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Roy A. Thomas

(b) Address Lincoln, Mo.

17. (a) Burial (b) Date thereof 9-1-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln, Mo.

18. (a) Signature of funeral director Lyde Minton

(b) Address Lincoln, Mo.

19. (a) 8-31-46 (b) R. P. Harris MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Osage

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

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

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 30
year 1946 hour 12: minute 05 P. M.

21. I hereby certify that I attended the deceased from 29 Aug 1946 to 30 Aug 1946; that I last saw her alive on 30 Aug 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral Pneumonia Duration 3 days

Due to 10⁸

Due to 10⁸

Other conditions Heart failure
(Include pregnancy within 3 months of death)

Major findings: Of operations 0

Of autopsy Consolidation of both lungs

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

22. If death was due to external causes, fill in the following: 0

(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 0

23. Signature August O. Stepha (M. D. or other)
Address Jefferson City, Mo. Date signed 31 Aug 46

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

6
5
4

3314

RECEIVED
District Health Officer No. 9;
District File Number 9-46-92
Date Filed 9-8-46

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
Vernon Moore

Licensed Embalmer No. 4125

P. O. Address.....
Linn 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.