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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 21 1946

Registration District No. 128

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 36695

Registrar's No. 893

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

**1. PLACE OF DEATH:**

(a) County GREENE

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

(c) Name of hospital or institution: 445 S. Main
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community App: 20 years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Greene 39

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")

(d) Street No. 445 S. Main 6
(If rural, give location)

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

If yes, name country .....

**3. (a) PRINT FULL NAME** BERTHA HILL THOMAS

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Earl Thomas

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

7. Birth date of deceased June 10, 1893
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 53 | 4 | 26 | ..... hr. ..... min. |

9. Birthplace Iberia, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Sales lady

11. Industry or business Clothing

FATHER
12. Name C. W. Fornham
13. Birthplace ? Pennsylvania
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sally Irving
15. Birthplace ? Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Beatrice Tindall
(b) Address 440 E. Madison Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-12-1
(Month) (Day) (Year)
(c) Place: burial or cremation Iberia Mo

18. (a) Signature of funeral director ALMA LOHMEYER FUNERAL HOME
(b) Address SPRINGFIELD, MISSOURI

19. (a) 11-13-46 (Date received local registrar) (b) W E Handley M D (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month November day 6
year 1946 hour 11:30 A.M. minute ..... M.

21. I hereby certify that I attended the deceased from Oct 1945 to Nov 6, 1946
that I last saw her alive on Nov 5, 1946
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Coronary Thrombosis | a few min |
| Due to Hypertension | 2 yrs |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations 94A
Of autopsy

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 Guy D Callaway (M. D. or other) M D
Address Springfield Date signed 11/9/46

(Licensed Embalmer's Statement on Reverse Side)

## 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.....

Licensed Embalmer No. 3044

P. O. Address Springfield, Missouri

**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.**