

S. No. 2
M-5-43
5-17-39
I X36871

FILED JAN 22 1947

Registration District No. **303**

Primary Registration District No. **60-47-4452**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County St Charles

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

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

(d) Length of stay: In hospital or institution None
(Specify whether _____)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Charles ⁹²

(c) City or town Wentzville ⁰
(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 Mattie Thomas

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F / race B

5. Color or race _____

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Dec, 31, 1946
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
	<u>1</u>	<u>10</u>	hr. _____ min.

9. Birthplace St Charles Co Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Walter Thomas

13. Birthplace St Charles, Co Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Isabelle Johnson

15. Birthplace St Charle. Co Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Isabelle Johnson

(b) Address Wentzville, Mo

17. (a) Burial (b) Date thereof Jan. 11, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hopewell

18. (a) Signature of funeral director Mary M. ...

(b) Address Wentzville, Mo

19. (a) Jan 14 1947 (b) Mrs. Lewis
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10
year 1947 hour _____ minute 45 M.

21. I hereby certify that I attended the deceased from Jan 9, 1947 to Jan 10, 1947
that I last saw her alive on Jan 10, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to Pneumonia

Due to _____

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

PHYSICIAN

Major findings: Of operations _____

Of autopsy _____

107

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Charles W. ... (M. D. or other) MD

Address Wentzville, Mo Date signed 1-11-47

279

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 1-20-47

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 *Marion Murching*

Licensed Embalmer No. *2469*

P. O. Address *Wentzville*

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.