

Registration District No. 290 Primary Registration District No. 4427

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

1. PLACE OF DEATH:

(a) County Pulaski

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

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

(d) Length of stay: In hospital or institution 10 hrs. (Specify whether)

In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Phelps

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

(d) Street No. 305 W 1st
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edna Mae Thomas

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8 year 1947 hour 7 minute 50 A.M.

21. I hereby certify that I attended the deceased from 16 May to 18 May 1947 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 William Selvester Thomas 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased May 8 1894
(Month) (Day) (Year)

Immediate cause of death Secondary shock Duration 2 hrs

Due to intestinal obstruction 3 days

Due to adhesion band 2 yrs

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

8. AGE: Years Months Days If less than one day

53 10 8 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Edward Newton Turner

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

14. Maiden name Martha Elizabeth Young

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy _____

16. (a) Informant Louis H. Turner

(b) Address Rolla, Mo. Rt. 2

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

(c) Place: burial or cremation Roach Cemetery

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? _____

18. (a) Signature of funeral director Alfred D. ...

(b) Address Rolla, Mo.

19. (a) 5/22/47 (b) Chelma C. Buckner
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature Edna Mae Thomas (M. D. or other) _____

Date signed 18 May 1947

DEC 21 1953

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.....

P. O. Address.....

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.