7. S. No. 2
0M—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
Children's Office of Vital Statistics

FILED JUL 10 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21349

Registration District No. 17 — Primary Registration District No. 3028 — Registrar's No. 150

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1615 Grand Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: Carthage
(If outside city or town limits, write "RURAL")
(d) Street No.: 1615 Grand Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Minnie Adaline Thomas
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: female
5. Color or race: white
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: February (Month) 4 (Day) 1879 (Year)
8. AGE: Years 68 Months 4 Days 29 — If less than one day ..... hr. ..... min.
9. Birthplace: Cherokee Co. (City, town, or county) Kansas (State or foreign country)
10. Usual occupation: Retired Registered Nurse
11. Industry or business .....
FATHER
12. Name: Francis M. Thomas
13. Birthplace: unknown (City, town, or county) Illinois (State or foreign country)
MOTHER
14. Maiden name: Martha Downing
15. Birthplace: unknown (City, town, or county) Illinois (State or foreign country)
16. (a) Informant: Mrs P. J. McNerney
(b) Address: 1615 Grand Ave Carthage, Mo
17. (a) removal (Burial, cremation, or removal) (b) Date then: July 5 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Columbus, Kansas
18. (a) Signature of funeral director: Knall Mortuary
(b) Address: Carthage, Mo
19. (a) 7-5-47 (Date received local registrar) (b) R. B. Cleveland (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 3 year 1947 hour 2:40 minute P.M.
21. I hereby certify that I attended the deceased from July 3 1947 to July 3 1947 that I last saw he alive on July 3 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	
Peptic ulcer of duodenum	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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: [signature] (M. D. or other)
Address: Carthage, Mo. Date signed 7-5-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

47-6-579

JAN 12 1948

NOV 8 1953

AUG 27 1948

JAN 15 1951

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 Robert H. Knell, Registered Apprentice No. 406, working under my personal supervision.

Signed Emma L Knell

Licensed Embalmer No. 391

P. O. Address Carthage 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.