No. 2
—1/47
5-17-39

6

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31858

FILED OCT 15 1947

Registration District No. 425

Primary Registration District No. 5783

Registrar's No.

1. PLACE OF DEATH
(a) County Miller
(b) City or town Rural Richwoods
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Rt 3 Crocker, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Miller 66
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Rt. 3 Crocker, Mo. 0
(If rural, give location) 0
(e) Citizen of foreign country? (~~Yes~~ or No)
If yes, name country

3. (a) PRINT FULL NAME Martha Whittle 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 Married
6. (b) Name of husband or wife Asa Thomas
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Dec (Month) 18 (Day) 1873 (Year)

8. AGE: Years 73 Months 9 Days 14 If less than one day hr. min.

9. Birthplace Miller County (City, town, or county) Mo (State or foreign country)
10. Usual occupation House Wife
11. Industry or business
FATHER
12. Name Peter J. Whittle
13. Birthplace Ky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Cyrilda Hoskins
15. Birthplace Ill. (City, town, or county) (State or foreign country)
16. (a) Informant Albert Whittle
(b) Address Rt 3. Crocker, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-4-47 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Hill - Iberia
18. (a) Signature of funeral director Loran L. Adams
(b) Address Iberia, Mo
19. (a) Oct. 3 - 47 (Date received local registrar) (b) Jessie Pukins (Registrar's signature) 105

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month oct. day 2nd year 1947 hour 3 minute 00 A.M.

21. I hereby certify that I attended the deceased from March 1944, to oct 2nd 1947; that I last saw her alive on oct 1st 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial failure	1 wk.
Due to Myocarditis	years
Due to	
Other conditions arteriosclerosis - senile Dementia (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? (Specify type of place) 21
While at work? (e) Means of injury

23. Signature Wm. A. Gould (M. D. or other) DO
Address Iberia Mo. Date signed oct 4, 1947.

Jefferson City Printing Co.

(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 Loran L. Adams

Licensed Embalmer No. 4207

P. O. Address Ithica, 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.