

FILED OCT 1 1947

Registration District No. 324

Primary Registration District No. 3072

Registrar's No.

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Fitzgibbon Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one week
(Specify whether
In this community all her life
years, months or days)

3. (a) PRINT
FULL NAME

Louise R. Thomas

3. (b) If veteran,
name war

3. (c) Social Security

No. 499-14-5781

4. Sex Female 5. Color or race wh. 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Dick Thomas 6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 17 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 2 20 hr. min.

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

10. Usual occupation factory worker

11. Industry or business

12. Name Abraham Romine

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

14. Maiden name Mary Betty Thornton

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

16. (a) Informant Mrs. Ed. Kenny

(b) Address Marshall Mo.

17. (a) Burial (b) Date thereof Sept. 9, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Barrow Rock Cem.

18. (a) Signature of funeral director Ambyl. Lewis

(b) Address Marshall Mo.

19. (a) 9-9-1947 (b) Sidney J. Gray
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Saline
(c) City or town Marshall
(If outside city or town limits, write "RURAL")
(d) Street No. 464 W. North
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 7
year 1947 hour 9 minute 30 a. m.

21. I hereby certify that I attended the deceased from Aug 24
21 1947 to Sept. 7 1947
that I last saw her alive on Sept. 7 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 710

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 C. L. Lawless (M.D. or other)

Address Marshall Mo. Date signed 9-9-47

District Health Officer No. 8,
District File Number _____
Date Filed 9-30-17

1001 2 130

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 _____
Joseph R. Mackler, Registered Apprentice No. 43,
working under my personal supervision.

Signed R. W. Campbell Jr.
Licensed Embalmer No. 3469
P. O. Address Marshall, 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.