

FILED OCT 27 1947

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 880

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution:
419 S. Weller
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community 4 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County 999

(c) City or town Tulsa 34
(If outside city or town limits, write "RURAL")

(d) Street No. 2617 E. 5th Place
(If rural, give location)

(e) Citizen of foreign country? No 2
(Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Laura Lenora Thomas

(b) If veteran, name war None

(c) Social Security No. Widowed

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 6
year 1947 hour 9:15 minute _____ P. M.

4. Sex Female 5. Color or race White

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

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

7. Birth date of deceased: January 15, 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10-4-47 to 10-6-47, 1947, that I last saw her alive on 10-4-47, 1947; and that death occurred on the date and hour stated above.

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

78 8 21 hr. _____ min.

Immediate cause of death apoplexy Duration 5 days

Due to arteriosclerosis 10 yrs.

Due to _____

9. Birthplace Pell City, Alabama
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business In Home

12. Name Robert P. McCoy

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

14. Maiden name Sarah Frances Respess

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

16. (a) Informant Mrs. O. C. Nonweiler

(b) Address Springfield, Missouri

17. (a) Removal (b) Date thereof 10/7/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hartshorne, Oklahoma

18. (a) Signature of funeral director Gorman-Scharpf Funeral Home
Springfield, Missouri

(b) Address _____

19. (a) 10-7-47 (b) W E Handley MD
(Date received local registrar) (Registrar's signature)

Other conditions _____

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

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? _____

(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature O J Marshall (M. D. or other) _____

Address 218 Franklin Bldg Date signed 10-7-47

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

39
2
6

OCT 28 1947

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 L. A. Gorman

Licensed Embalmer No. 3177

P. O. Address Amesbury, Mass.

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.