

FILED NOV 18 1947

Registration District No. 27

Primary Registration District No. 0078

Registrar's No. 83

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Rural - Deepwater Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
R.F.D. #2 Butler, 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 78 Years Bates Co.,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates

(c) City or town Rural Deepwater Twp.
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. #2 Butler, Mo.,
(If rural, give location)

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

3. (a) PRINT FULL NAME ADALINE 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 Widowed

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

7. Birth date of deceased Feb. 15, 1859
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>88</u>	<u>7</u>	<u>7</u>	hr. _____ min.

9. Birthplace Niles, Michigan
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Gideon Wiley

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

14. Maiden name Catherine Hollinger

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

16. (a) Informant Mary Erkemp

(b) Address R.F.D. #2, Butler, Mo.,

17. (a) Burial (b) Date thereof 9-24-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rogers Cemetery

18. (a) Signature of funeral director Culver-Underwood

(b) Address Butler, Missouri

19. (a) Sept. 24-47 (b) Hendall Perry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22
year 1947 hour 3:00 minute _____ AM. M.

21. I hereby certify that I attended the deceased from _____
D.O.A. _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy None

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 3

23. Signature John G Underwood Coroner (M. D. or other) _____

Butler, Missouri Date signed 9-22-47

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

100

RECEIVED
District Health Officer No. 71
District File Number 10.47-1322
Date Filed 11-17-77

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.....

Samuel W. Reek....., Registered Apprentice No. 471
working under my personal supervision.

Signed John D. Underwood
Licensed Embalmer No. 3585
P. O. Address Butler, Missouri

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.