. 2
-41
-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 14 1948

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

44740

State File No.

Registration District No. 70 Primary Registration District No. 5286 Registrar's No. 24

1. PLACE OF DEATH:

(a) County Clark

(b) City or town Near Luray, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Yeondall

(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 Mo (b) County Clark 23

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

(d) Street No. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Arminta May 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 John R Thomas

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Nov. (Month) 17 (Day) 1880 (Year)

8. AGE: Years 66 Months 11 Days 16 If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name James Walker
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mary Daugherty
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Ida Lyon

(b) Address Ashton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 8 '47 (Month) (Day) (Year)

(c) Place: burial or cremation Combs Cemetery

18. (a) Signature of funeral director Gerth & Barbett

(b) Address Myerondale Mo

19. (a) 4/10-48 (Date received local registrar) (b) J R Bridges (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3 year 1947 hour 6 minute P M.

21. I hereby certify that I attended the deceased from Oct 1, 1947 to Oct 3, 1947 that I last saw her alive on Oct 3, 1948 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

Duration

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 2

23. Signature L. E. Lowe DO (M.D. or other) Da

Address Memphis Mo Date signed 3/6/48

(Licensed Embalmer's Statement on Reverse Side)

APR 17 1948

RECEIVED
District Health Officer No. 16
District File Number 4-48-6
APR 12 1948
Date Filed

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 George V. Baskett

Licensed Embalmer No. 1817

P. O. Address Wyoming

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.