

FILED FEB 5 1948
237

Registration District No.

Primary Registration District No. 4497

1. PLACE OF DEATH:

(a) County Shelby County
(b) City or town Clarence, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Entire Life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby 102
(c) City or town Clarence, Missouri
(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 None

3. (a) PRINT FULL NAME Salina Cassander Thomas

3. (b) If veteran, name war: X 3. (c) Social Security No. X

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Floyd Thomas 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased: 6- (Month) 3- (Day) 1898 (Year)

8. AGE: Years 49 Months 5 Days 10 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Housewife

12. Name Virgil Bidwell
13. Birthplace Shelby County, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Lucy Chinn
15. Birthplace Shelby County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Floyd Thomas
(b) Address Clarence, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-15-48
(Month) (Day) (Year)
(c) Place: burial or cremation Clarence, Missouri

18. (a) Signature of funeral director Million & Barkeley
(b) Address Clarence Missouri

19. (a) Jan 31 48 (Date received local registrar) (b) Keith Janner (Registrar's signature) 207

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 13 th. year 1948 hour 3: minute Sept P. M.

21. I hereby certify that I attended the deceased from 5-45 to Jan 13 48 that I last saw her alive on Jan 13 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage

Due to: Arterial Hypertension

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

Major findings: Of operations: 507
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)

While at work: _____ (e) Means of injury _____
23. Signature J. H. H. M.D. (M.D. or other) Jan 23 1948
Address Clarence Mo Day signed _____

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

MOTHER FATHER

RECEIVED
District Health Officer No. 10
District File Number 2-48-202
FEB -3 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 _____

James B. Davis, Registered Apprentice No. 443
working under my personal supervision.

Signed W. Hawkins

Licensed Embalmer No. 3498

P. O. Address Bellevue, Md

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.