S. No. 2
d—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5731

FILED MAR 6 1948

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 52

80
6
4

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

1. PLACE OF DEATH:
(a) County: Pettis
(b) City or town: Sedalia (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 401 East Walnut (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether In this community lifetime in Pettis County years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Pettis 80
(c) City or town: Sedalia East Walnut 6 (If outside city or town limits, write "RURAL")
(d) Street No.: 401 East Walnut 4 (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: MARY ETHEL THOMAS
3. (b) If veteran, name war: none
3. (c) Social Security No.: none
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife: Henry P Thomas
6. (c) Age of husband or wife if alive: deceased years
7. Birth date of deceased: August 17, 1881 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
66	6	6	hr. min.

9. Birthplace: Pettis County, Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: ****

MOTHER, FATHER
12. Name: Milton Rogers
13. Birthplace: Knoxville, Tennessee 1 (City, town, or county) (State or foreign country)
14. Maiden name: Jane Woods
15. Birthplace: Springfield, Missouri 0 (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. George Burnett, (dau.)
(b) Address: 401 East Walnut, Sedalia, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/25/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Crown Hill
18. (a) Signature of funeral director: Duane Ewing
(b) Address: Sedalia, Mo.
19. (a) 2/24/48 (Date received local registrar) (b) Betty Yeager Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 23, year 1948 hour 1:05 minute A. M.

21. I hereby certify that I attended the deceased from 1-7, 1948, to 2.23, 1948; that I last saw her alive on 2-22, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial failure	15 min.
Due to: cardiac edema	2 days
Due to: Hepatic carcinoma	—
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 46F
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 W Maunders (M. D. or other) DO
Address: 501 S. Engineer Sedalia, Mo. Date signed 2/24/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 3,
District File Number
Date Filed 3-5-48

Dr. Maunders

MAR 28 1949

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 Warren K Dietz Registered Apprentice No. 70 working under my personal supervision.

Signed Duane Ewing

Licensed Embalmer No. 38147

P. O. Address Sedalia 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.