

AUG 21 1940

Registration District No. **653**

Primary Registration District No. **5864**

Registrar's No. **61**

1. PLACE OF DEATH:
(a) County **Remiscot**
(b) City or town **Wardell Rural**
(c) Name of hospital or institution **Bassaberger Hospital**
(d) Length of stay: In hospital or institution **7 hours**
In this community **Life**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **Remiscot**
(c) City or town **Hayti "rural"**
(d) Street No. _____
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME **Thomas, Glenda Dolores**
(b) If veteran, name war _____ (c) Social Security No. **none**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **7** day **5**
year **40** hour **12:10** minute **P.** M.

4. Sex **Female** 5. Color or race **White**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **April 23, 1939**

21. I hereby certify that I attended the deceased from **7-4**, 19**40**, to **7-5**, 19**40**
that I last saw h. **er** alive on **7-5-40**
and that death occurred on the date and hour stated above.
Immediate cause of death **Respiratory failure**

8. AGE: Years Months Days If less than one day
14 month **1** **2** **13** hr. min.
9. Birthplace **Ingram Ridge, Mo.**
10. Usual occupation _____

Due to **Toxemia** Duration **1 day**
Due to **Enterocolitis of unknown etiology** Duration **2 wks**
Other conditions _____
(Include pregnancy within 3 months of death)

11. Industry or business _____
12. Name **David Caron Thomas**
13. Birthplace **Belle, Tennessee**
14. Maiden name **Dorothy Vance**
15. Birthplace **Nashburg, Alabama**

PHYSICIAN
Major findings: **119 P.**
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature **Wardell Thomas**
(b) Address **Hayti, R. I. Mo.**
17. (a) **Burial** (b) Date thereof **7-6-40**
(c) Place: burial or cremation **Hayti, Mo.**
18. (a) Signature of funeral director **Raymond Co.**
(b) Address **Hayti, Mo.**
19. (a) **7/6/40** (b) **Wardell Kelly**

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(e) Means of injury _____
23. Signature **Wardell, Mo.** (M. D. or other) **MD.**
Address _____ Date signed **7-5-40**

EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. DO NOT WRITE IN BACK INK—MAKE A PERMANENT RECORD.

8-48-70

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.