DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

OCT 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31753

Registration District No. 203 Primary Registration District No. 5-281 Registrar's No. 25

1. PLACE OF DEATH:

(a) County Clay

(b) ~~City or town~~ rural. Platte twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether
In this community 91 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay

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

(d) Street No. Smithville Mo. R-2.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Thomas, Elizabeth

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex fe

5. Color or race wh

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Jas. Thomas

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

7. Birth date of deceased Jan (Month) 14 (Day) 1849 (Year)

8. AGE:	Years	Months	Days	If less than one day
	91	8	12	hr. min.

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

10. Usual occupation farm wife

11. Industry or business

FATHER
12. Name W. A. Owens
13. Birthplace Clay Co (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Mariah Hichman
15. Birthplace Ky (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Jas. Thomas
(b) Address Trimble, Mo. R.D.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-27-40 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Smithville, Mo.

18. (a) Signature of funeral director S. A. McDonald
(b) Address Smithville, Mo.

19. (a) 9-27-1940 (Date received local registrar) (b) E. C. Hill (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 26
year 1940 hour 6 A.M. minute M.

21. I hereby certify that I attended the deceased from July 15, 1940 to Sept 26, 1940
that I last saw him alive on Sept 23, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Senile Arteriosclerosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

23. Signature J. F. Rupe (M. D. ~~or other~~)
Address Smithville Mo. R 2 Date signed 9-27-40

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—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 import

Rev. 5-17-39 I X19511

RECEIVED
...ict Health Officer No. 8,
...File Number
...te Filed 10-8-40

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 S. A. McComas

Licensed Embalmer No. 2303

P. O. Address Smithville, 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, above space should be left blank.