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

FILED FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2769

Registration District No. 343 Primary Registration District No. ~~5034~~ 4226 Registrar's No.

1. PLACE OF DEATH:
(a) County Howell
(b) City or town Mountain View Mo.
(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 (Specify whether
In this community Thirty two years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Howell 46
(c) City or town Mtn View Mo. 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Nancy J. Thomason
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife N. P. Thomason
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov (Month) 11 (Day) 1861 (Year)

8. AGE: Years 79 | Months | Days | 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 Not K
13. Birthplace (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Nowell
15. Birthplace (City, town, or county) (State or foreign country) 9
16. (a) Informant Myrtle Webb
(b) Address Mtn View Mo
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Mt View Mo.
18. (a) Signature of funeral director John F. Amman
(b) Address Mtn View Mo
19. (a) (Date received local registrar) (b) G. W. Cunningham (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11
year 1941 hour 3 minute 00 P. M.
21. I hereby certify that I attended the deceased from Jan 1st, 1941, to Jan 11, 1941
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Disease of Heart
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 12 D
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? 343 (Specify type of place)
While at work? (e) Means of injury
23. Signature E. E. Drill (M. D. or other)
Address Mtn View Mo Date signed 1-22-41

(Licensed Embalmer's Statement on Reverse Side)

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 John F. [illegible]

Licensed Embalmer No. 2576

P. O. Address [illegible]

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.