

No. 2
1-4-41
17-39
X26390

FILLED SEP 12 1941

State File No. _____

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 264

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: 710 E. 17th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community three years
years, months or days

3. (a) PRINT FULL NAME Mrs. Elizabeth P. 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 Married
6. (b) Name of husband or wife James R. Thomas 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 28, 1860
(Month) (Day) (Year)

8. AGE: Years 80 Months 9 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Florence (Morgan County Mo)
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Rev. B.F. Dinwiddie

13. Birthplace Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Eliza Ann Mosley

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Elsie Thomas (Dau)

(b) Address 710 East 17th, Sedalia, Mo.

17. (a) Burial (b) Date thereof 8-24-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethlehem (Morgan County)

18. (a) Signature of funeral director Maude Gering

(b) Address Sedalia, Missouri

19. (a) 8/25/41 (b) Anna Harry Steed
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 710 East 17th
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23rd
year 1941 hour 5:45 minute A.M.

21. I hereby certify that I attended the deceased from August 22, 1941 to August 23, 1941; that I last saw her alive on August 23, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to chronic myocarditis and chronic interstitial nephritis

Due to arteriosclerosis

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

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work _____ (Specify type of place) _____ (Means of injury)

23. Signature Godwin S. Smith (M. D. or other) PHD

Address Sedalia, Mo. Date signed 8-24-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

30
6
4

80
1
4
0

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9-10-41

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 E. Myers
Licensed Embalmer No. *3220*
P. O. Address *Bedalia, 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.