

Registration District No. 838

Primary Registration District No. 2509

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Stoddard  
(b) City or town Dexter, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
125 St. Francis St. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community Life  
years, months or days)

8. (a) PRINT FULL NAME Rebecca Elizabeth Thomasson

3. (b) If veteran, name war none 8. (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 William Jefferson 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased September 19, 1869  
(Month) (Day) (Year)

8. AGE: Years 72 Months 0 Day 16 If less than one day hr. min.

9. Birthplace Stoddard Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business OWN

12. Name John B. Riddle

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

14. Maiden name Mary Throver

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

16. (a) Informant Mrs. G. Anderson  
(b) Address Dexter, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 7, 1941  
(Month) (Day) (Year)

(c) Place: burial or cremation Dexter Cemetery

18. (a) Signature of funeral director Watkins Funeral Service  
(b) Address Dexter, Missouri

19. (a) 10/9, 1941 (Date received local Registrar) (b) Jennie Benton (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard  
(c) City or town Dexter  
(If outside city or town limits, write "RURAL")  
(d) Street No. 125 St. Francis  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 5  
year 1941 hour 8 minute 45A M.

21. I hereby certify that I attended the deceased from Oct - 5, 1941, to Oct - 5, 1941,  
that I last saw her alive on Oct - 5, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Intestinal Obstruction Duration \_\_\_\_\_

Due to D.I.C. no autopsy was done

Due to Severity

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

Major findings: Of operations \_\_\_\_\_  
Of autopsy 122

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Frank Rabe (M. D. or other) MD  
Address Dexter Date signed 10/16/41

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

1033  
119

RECEIVED

District Health Office No. 2,

District File Number 1041-1406

Date Filed 10/13/41

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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 B. J. Brentlinger  
Licensed Embalmer No. 4261  
P. O. Address Deater, 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.