

Registration District No. 202

Primary Registration District No. 6227

Registrar's No.

1. PLACE OF DEATH:

(a) County Texas county
(b) City or town Rural - Sargent Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 11 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Texas 107
(c) City or town Rural - Sargent Township 0
(If outside city or town limits, write "RURAL") 0
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13.
year 1941. hour 9 minute A.M.
21. I hereby certify that I attended the deceased from 19 to 19;
No attending physician
that I last saw him alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Epileptic Convulsions 27 yrs.

Due to.....
Due to.....

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) (e) Means of injury 3

23. Signature W.P. Hubbard corner
Address Houston, Missouri. Date signed.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME MARGARET HASSIE THOMAS

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex FEMALE / 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased. July 4 1907
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
34 3 9 hr. min.

9. Birthplace Buffalo Valley Tennessee.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name Null

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

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant A.I. Thomas

(b) Address Willow Springs, Mo. R.#3.

17. (a) Burial (b) Date thereof Oct. 14, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pine Grove Cemetery

18. (a) Signature of funeral director Thomas R. Burns, Jr.

(b) Address Willow Springs, Mo.

19. (a) (Date received local registrar) (b) (Registrar's signature)

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

7000

MAR 9 1957

MAR 9 1957

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 *Thomas R. Burns, Jr.*

Licensed Embalmer No. 4214

P. O. Address Willow Springs, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32801

Registration District No. 862

Primary Registration District No. 6229

Registrar's No. _____

1. PLACE OF DEATH: Texas Rural

(a) County _____

(b) City or town _____
(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 _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Margaret H. Thomas

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 M

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

7. Birth date of deceased July 4 1907
(Month) (Day) (Year)

8. AGE: Years 34 Months 3 Days 17 min. _____
If less than one day

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Oct 13 (b) Mrs. Clove Cunningham
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____, year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

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

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? _____

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

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

1941
S-32801