

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

FILED DEC 11 1941

State File No. ....

Registration District No. 201

Primary Registration District No. 5288

Registrar's No. 101

1. PLACE OF DEATH:

(a) County Liberty  
(b) City or town Liberty 415 Arthur St  
(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  
In this community all her life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Liberty  
(c) City or town 415 Arthur - Liberty  
(If outside city or town limits, write "RURAL")  
(d) Street No. 415 - Arthur  
(If rural, give location)  
(e) Citizen of foreign country?  (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME

Cora Thomason

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 Single

6. (b) Name of husband or wife John D. Thomason 6. (c) Age of husband or wife if alive 7 years

7. Birth date of deceased: Nov. 6 - 1853  
(Month) (Day) (Year)

8. AGE: Years 87 Months 11 Days 26 If less than one day hr. min.

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

10. Usual occupation: House Keeping

11. Industry or business

MOTHER { 12. Name John D. Thomason

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

14. Maiden name Sarah Duvall

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

16. (a) Informant Mrs. J. H. Shaver

(b) Address 415 - Arthur - Liberty, Mo

17. (a) Burial (b) Date thereof Nov. 4 - 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview - Liberty, Mo

18. (a) Signature of funeral director Church - Archer Co  
(b) Address Liberty, Mo

19. (a) Nov. 3, 1941 (b) Helen Early  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 2 year 1941 hour 2 minute - A.M.

21. I hereby certify that I attended the deceased from Feb 1936, to Nov 2 1941; that I last saw her alive on Nov 1 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Atherosclerosis

Duration 10 yrs. +

Due to

Due to

Other conditions: H62  
(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?

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

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

Address Liberty, Mo Date signed 11/2/41

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 12-9-41

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 Edgar Archer

Licensed Embalmer No. 3311

P. O. Address Liberty, W.

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.