S. No. 2
4-13-40
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 6 1942

Registration District No. 329

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5195

State File No. 41968

Registrar's No.

1. PLACE OF DEATH:
(a) County Grundy
(b) City or town Laredo Mo Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home in Laredo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Grundy 40
(c) City or town Laredo. 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 Mary Gershom 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 wife Dr Chas Thomas
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Sept (Month) 10 (Day) 1875 (Year)

8. AGE: Years 66 | Months 1 | Days 23 | If less than one day hr. min.

9. Birthplace Ohio (City, town, or county) (State or foreign country)
10. Usual occupation housewife
11. Industry or business
FATHER
12. Name David R Flagg
13. Birthplace Ohio (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Anna A Flagg
15. Birthplace Ohio (City, town, or county) (State or foreign country)
16. (a) Informant Dr Chas Thomas
(b) Address Laredo Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-7-41 (Month) (Day) (Year)
(c) Place: burial or cremation Rittenhouse Cemetery
18. (a) Signature of funeral director [illegible]
(b) Address Trenton Mo
19. (a) Dec. 4 1941 (Date received local registrar) (b) Mabel Warren (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3rd year 1941 hour 10 minute 8 m M.

21. I hereby certify that I attended the deceased from June 14, 1940 to Dec 3d, 1941; that I last saw her alive on Dec 3rd, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hem morrhage

Due to High blood pressure

Due to

Other conditions Bright Disease
(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: no
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence Dec 3 41
(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?
(Specify type of place)
While at work? — (e) Means of injury

23. Signature C S Thomas (M. D. or other)
Address Laredo Date signed 12-4-41

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(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

Chas D Gipson, Registered Apprentice No.

working under my personal supervision.

Signed Chas D Gipson

Licensed Embalmer No. 3109

P. O. Address Trenton 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.