

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BUREAU OF THE CENSUS
FILED DEC 8 1942

Registration District No. 72

Primary Registration District No. 4131

Registrar's No. 93

24
00

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

1. PLACE OF DEATH:

(a) County Way

(b) City or town Avondale mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Avondale, Missouri
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____ (Specify whether)

In this community 16 years.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Way

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

(d) Street No. Avondale, Missouri
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Martha Jane Thomas

3. (b) If veteran, name war NO.

3. (c) Social Security No. NO.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 7
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 11/7/42 only to _____, 19____;
that I last saw her alive on 11/7/42 and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ferdinand G. Thomas

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Feb 16 1884
(Month) (Day) (Year)

Immediate cause of death Antenatal Abstruction

Due to Post operative procedure at Conley Hospital

Due to operation, supposed to release adhesions??

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

8. AGE: Years Months Days If less than one day

58 8 21 hr. min.

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

10. Usual occupation Housewife

PHYSICIAN

Major findings: Of operations _____

Of autopsy 1228

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Robert Burch

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

14. Maiden name Margaret Goetz

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

16. (a) Informant Mr. Ferdinand G. Thomas

(b) Address Avondale, mo.

17. (a) Removal (b) Date thereof Nov 9 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Falls City, Nebraska

18. (a) Signature of funeral director Miss C. B. Forster

(b) Address K.C. mo.

19. (a) Nov 9 1942 (b) Rich N. Henry
(Date received local registrar) (Registrar's signature)

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 R. L. Pate (M. D. or other) MD

Address North Kansas City, MO Date signed 11/2/42

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 12-7-42

Dr. Pale
North: H.P. mo

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 *Denzil P. Browning*

Licensed Embalmer No. 2724

P. O. Address *H.P. 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.