

FILED JAN 7 1943

Registration District No. 354

Primary Registration District No. #519 6197

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Lucas
(b) City or town Central Park Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 17 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Texas
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years

3. (a) PRINT FULL NAME CARRIE DELL THOMAS

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

4. Sex Female 5. Color of hair Red 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Eli Thomas 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Dec 5 1873
(Month) (Day) (Year)

8. AGE: Years 69 Months 0 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Saline Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Alfred Liberty
13. Birthplace Unknown 9
(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 Eli Thomas
(b) Address Rt 2 Cabool Mo

17. (a) Burial (b) Date thereof Dec 30/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funeral Home
18. (a) Signature of funeral director Gayle W. Miller
(b) Address Cabool Mo

19. (a) Dec-21-42 (b) Mrs. Lou Miller
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29
year 1942 hour 6 minute am

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

Immediate cause of death _____
Due to Mitral Insufficiency

Due to No Medical attendance
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 92 L
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 _____
23. Signature R. P. Hubbard (M. D. or other) _____
Address Houston Mo Date signed Dec 29

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

107
0
0

RECEIVED

District Health Officer No. 6,

District File Number

14335

Date Filed

1-6-43

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

Gaylord V. Ellis

Licensed Embalmer No

2252

P. O. Address

Abuel Ma

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.