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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 13 1944

Registration District No. 237

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43407

Primary Registration District No. 5949

Registrar's No. 69

1. PLACE OF DEATH:
(a) County: Pike
(b) City or town: Rural - Cuivre Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 mi North of Bowling Green
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: No (Specify whether)
In this community: 40 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Pike
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: 1 mi N. of Bowling Green
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Emma C. Thomas

3. (b) If veteran, name war: No

3. (c) Social Security No.: yes

4. Sex: Female

5. Color or race: Colo

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

6. (b) Name of husband or wife: Henry Thomas

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

7. Birth date of deceased: July (Month) 23 (Day) - 1859 (Year)

8. AGE: Years: 84 Months: 4 Days: 16 If less than one day: hr. min.

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

10. Usual occupation: at Home

11. Industry or business:

FATHER
12. Name: Logan Douglas
13. Birthplace: D. K. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Lucinda Douglas
15. Birthplace: D. K. (City, town, or county) (State or foreign country)

16. (a) Informant: Frances Ganaway
(b) Address: Bowling Green

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 14-1943 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~: Bowling Green

18. (a) Signature of funeral director: H. B. Elmore
(b) Address: Bowling Green

19. (a) Dec 17/43 (Date received by local registrar) (b) Mrs Frank Gordon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: 12 day: 11 year: 43 hour: 8 pm minute: 00 A.M. P.M.

21. I hereby certify that I attended the deceased from 11-14-43 to 12-11 1943 and that I last saw her alive on 11-29 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial failure — Duration: 9 days

Due to: Myocarditis

Due to:

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

23. Signature: Glenn R. Grey M. D. or other) D.O.
Address: Bowling Green Date signed: 12-14-43

1148

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10

RECEIVED
District Health Officer No. 10
District File Number 1-44-187
Date Filed JAN 12 1944

MAY 17 1944

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 H. B. Elmore

Licensed Embalmer No. 3466

P. O. Address Bowling Green

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.