

FILED FEB 8 1944  
Registration District No. 1723

Primary Registration District No. 4133

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

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

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Clay 24  
(c) City or town Kearney  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Elizz Ann Thomas.  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. 228

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife O. W. Thomas  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased August 12 1854  
(Month) (Day) (Year)

8. AGE: Years 89 Months 4 Days 25  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Clay County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Sidney Morrow

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

14. Maiden name Riffey

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

16. (a) Informant O. E. Thomas

(b) Address Kearney, Mo.

17. (a) Burial (b) Date thereof 11-7-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pethel Cemetery

18. (a) Signature of funeral director Leonard Fay

(b) Address Kearney, Mo.

19. (a) Jan 4-44 (b) Wileen Early  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 1 day 21st  
year 1944 hour 7 minute \_\_\_\_\_ P. M.  
21. I hereby certify that I attended the deceased from Dec 24  
1943, to Jan 5 1944;  
that I last saw her alive on Jan 5 1944;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocardial degeneration  
Due to Senility  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 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)  
(c) Means of injury: \_\_\_\_\_  
23. Signature Dr. Kenneth Miller (M. D. or other) Dr.  
Address Kearney, Mo. Date signed 1-6-44

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

926

RECEIVED  
District Health Officer No. 8,  
District File Number \_\_\_\_\_  
Date Filed 2-7-44

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 Ronald Fay  
Licensed Embalmer No. 1677  
P. O. Address Kearney 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.