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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **3665**
Registrar's No. **4**

FILED FEB 10 1945
Registration District No. **2**

Primary Registration District No. **5812**

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

1. PLACE OF DEATH:

(a) County: Montgomery

(b) City or town: Middleton - Pearl
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: L 1 Pearl
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 87 yr
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Montgomery

(c) City or town: Middleton Mo
(If outside city or town limits, write "RURAL")

(d) Street No.: _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME: Amanda Katherine Thomas

3. (b) If veteran, name war: _____

3. (c) Social Security No.: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10th
year 1944 hour 9 minute 30 M.

21. I hereby certify that I attended the deceased from Jan 6th 1944 to Jan 10th 1944
that I last saw him alive on Jan 10th 1944
and that death occurred on the date and hour stated above.

4. Sex: F

5. Color or race: W

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

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

6. (c) Age of husband or wife if alive: 7 years (Day) (Year)

7. Birth date of deceased: Sept 7 1936
(Month) (Day) (Year)

Immediate cause of death: Arterio Sclerosis

| | | | | |
|---------|-----------|----------|----------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | <u>87</u> | <u>4</u> | <u>3</u> | hr. _____ min. _____ |

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death): 97

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

10. Usual occupation: Home wife

11. Industry or business: _____

MOTHER FATHER

12. Name: John Woodell

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

14. Maiden name: Nancy Moore

15. Birthplace: Pike Co Mo
(City, town, or county) (State or foreign country)

Major findings: _____

Of operations: _____

Of autopsy: _____

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

16. (a) Informant: Am A Thomas

(b) Address: Montgomery City Mo

17. (a) Boria (b) Date thereof: 1-12-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Middleton Mo

18. (a) Signature of funeral director: Patricia Kuhn

(b) Address: Middleton Mo

19. (a) Jan 11, 1944 (b) Suzella Holt
(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)

(e) Means of injury: _____

23. Signature: A. H. Smith (M. D. or other)
Address: Middleton Mo Date signed: 1/11/44

MAR 16 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.....
Licensed Embalmer No. 3059
P. O. Address..... Wellsville 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.