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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 7 1944

Registration District No. 295

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4442

4067

State File No.

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Higbee Missouri
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution None (Specify whether
In this community —
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph 88

(c) City or town Higbee, Mo
(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 0

3. (a) PRINT FULL NAME MARGARET LAMBIER THOMAS

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife DAVID E. Thomas

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased NOV. (Month) 19 (Day) 1880 (Year)

8. AGE:

Years	Months	Days	If less than one day
63	2	9	hr. min.

9. Birthplace CAYUGA, ONT. CANADA-2 ONT.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housewife

FATHER
12. Name HENRY LAMBIER
13. Birthplace CAYUGA ORTARIA 2
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MARGARET WALTON
15. Birthplace WEARDALE ENGLAND 4
(City, town, or county) (State or foreign country)

16. (a) Informant David W. Thomas
(b) Address 6620 S. Loflin St. Chicago, Ill.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-31-44 (Month) (Day) (Year)
(c) Place: burial or cremation Higbee Cemetery

18. (a) Signature of funeral director H. E. Edwards
(b) Address Bevier Mo

19. (a) 2-1-44 (Date received local registrar) (b) Mrs. P. V. Dreyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28
year 1944 hour 3:00 A.M. minute M.

21. I hereby certify that I attended the deceased from Jan. 26, 1944 to Jan 28, 1944
that I last saw her alive on Jan 28, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Stroke of Apoplexy (Primary) — Duration 2 days

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

83a

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 [signature] (M. D. or other) 100

Address Higbee Date signed 1-28-44

102 (Licensed Embalmer's Statement on Reverse Side)

Miller Higbee

MAR 2 9 1944

RECEIVED
District Health Officer No. 10
District File Number 2-44-260
Date Filed FEB 4 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. G. Edwards

Licensed Embalmer No. 1961

P. O. Address Bowie Md

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.