

FILED MAR 27 1944

Registration District No. 128

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
912 Colonial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 Years (Specify whether years, months or days)
In this community 23 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 912 Colonial
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country 0

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Ida May Thomas

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charles Thomas 6. (c) Age of husband or wife if alive unk years

7. Birth date of deceased: May 14 1868
(Month) (Day) (Year)

8. AGE: Years 75 Months 8 Days 28 If less than one day hr. min.

9. Birthplace: Dover Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Pete Moser

13. Birthplace unk Switzerland
(City, town, or county) (State or foreign country)

14. Maiden name Kate Leichter

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

16. (a) Informant Charles Thomas

(b) Address Springfield, Mo.

17. (a) Rural (b) Date thereof March 14, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 3-13-44 (b) Dr. N. E. Handley
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month March day 12 year 1944 hour 12 minute 30 p. M.

21. I hereby certify that I attended the deceased from Nov. 1, 1942 to Mar. 12, 1944 that I last saw him alive on Mar. 12, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Stomach Duration 2 yrs.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) H6 f

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? 44 (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 Dr. N. E. Handley (M. D. or other) 3

Address Springfield, Mo. Date signed 3-12-44

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

39
2
6

39
2
6

W

APR 12 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 *L. Paulin Gorman*

Licensed Embalmer No. *3177*

P. O. Address *Springfield 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.

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