

Registration District No. **275**

Primary Registration District No. **3053**

Registrar's No. **70**

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

1. PLACE OF DEATH:  
 (a) County **Phelps**  
 (b) City or town **Rolla**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**McFarland Memorial Hospital**  
(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)

3. (a) PRINT FULL NAME **Lavera Frances Thomas**  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **Widow**  
 6. (b) Name of husband or wife **John Davis Thomas** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **June 15, 1858**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>85</b>	<b>10</b>	<b>26</b>	hr. _____ min.

9. Birthplace **Owensboro, Kentucky**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Home**

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

12. Name **Aaron Trogden**

13. Birthplace **Ky**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

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

16. (a) Informant **Byrd Thomas**  
 (b) Address **Vichy Mo.,**

17. (a) **Burial** (b) Date thereof **May 13, 1944**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Dry Creek Cemetery**

18. (a) Signature of funeral director **Null & Son Funeral Home**  
 (b) Address **508 West 8th St., Rolla Mo.,**

19. (a) **5/15/1944** (b) **[Signature]**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Maries**  
 (c) City or town **Rural... Vichy 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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **11**  
 year **1944** hour **1** minute **45 P.M.**

21. I hereby certify that I attended the deceased from **5-11-44**, 19\_\_\_\_, to **5-11-44** 19\_\_\_\_;  
 that I last saw **her** alive on **5-11-44**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Mitral Insufficiency** Duration \_\_\_\_\_

Due to \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (a) Manner of injury \_\_\_\_\_

23. Signature **[Signature]** (M. D. or other) \_\_\_\_\_  
 Address **Rolla Mo** Date signed **5/13/44**

1042

1961  
HOLTS

REGISTERED APPRENTICE

STATE OF MISSISSIPPI

DEPARTMENT OF HEALTH

STATE OF MISSISSIPPI

**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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed S. B. Muel

Licensed Embalmer No. 3394

P.O. Address Rolla 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.**