

FILED OCT 11 1944

Registration District No. 230

Primary Registration District No. 5810

Registrar's No. 10

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

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town Royal Center
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
In this community 3m 9 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery
(c) City or town Americus Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years

3. (a) PRINT FULL NAME Betty Lou Thomas
3. (b) If veteran, name war. _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 22 year 1944 hour 15 minute 10 P. M.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 13 1944
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 22 1944 to Sept 28 1944
that I last saw u alive on Sept 22 1944
and that death occurred on the date and hour stated above.
Immediate cause of death Obstruction of bowel
Duration 3 days

8. AGE: Years Months Days If less than one day
3 9 _____ hr. _____ min.

Due to Ingestion
Due to malnutrition
Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Americus Mo
(City, town, or county) (State or foreign country)
10. Usual occupation _____

Major findings: Of operations 12 2 2
Of autopsy _____

MOTHER FATHER { 11. Industry or business _____
12. Name Sidney Thomas
13. Birthplace Swain Ark
(City, town, or county) (State or foreign country)
14. Maiden name Grace Lee
15. Birthplace Swain Ark
(City, town, or county) (State or foreign country)

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

16. (a) Informant Sidney Thomas
(b) Address Americus Mo
17. (a) Burial (b) Date thereof Sept 24 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Hunter's Cemetery
18. (a) Signature of funeral director Walter Baker
(b) Address Americus Mo
19. (a) Sept 24 1944 (b) Mrs. Frank Overkamp
(Date received by registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature O. R. Rauschelbach M.D.
Address Chineband Mo Date signed 9-22-44

1354

RECEIVED

District Health Officer No. 9

District File Number.....

Date Filed 10-10-44

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.

This body was not embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.