

FILED APR 24 1946

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 54

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Woodland Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Nettie Thomas

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

4. Sex female / 5. Color or race white
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Cal Thomas 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 19 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 0 26 _____ hr. _____ min.

9. Birthplace Randolph County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name Robert Towles

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

14. Maiden name Mary Eatherton

15. Birthplace Randolph County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W.H. Brubaker

(b) Address Huntsville, Missouri

17. (a) burial (b) Date thereof 2/17/1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sugar Creek Cemetery

18. (c) Signature of funeral director Tom B. Patton

(b) Address Huntsville, Mo

19. (a) Mar. 46 (b) Leah Thomas
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Huntsville
(If outside city or town limits, write "RURAL")
(d) Street No. Mulberry Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 15
year 1946 hour 9:15 minute A M.

21. I hereby certify that I attended the deceased from Feb. 9
1946 to Feb. 15, 1946
that I last saw her alive on Feb. 15, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cholecystitis Duration
and peritonitis 4 days

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Acute Cholecystitis

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) (e) Means of injury _____

23. Signature Mar. Thomas (M. D. or other) M.D.

Address Moberly, Mo. Date signed Mar. 2/46

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

13060

78
6
3

RECEIVED

District Health Officer No. 10

District File Number 4-46-821

Date Filed APR 22 1946

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 Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville, Ala

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.