

FILED AUG 5 1948
Registration District No. 32

Primary Registration District No. 6085

State File No.

Registrar's No. 11

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

1. PLACE OF DEATH:
 (a) County **Saline--- Clay Township**
 (b) City or town **R.F.D. # 4, Marshall, Mo.**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **none**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **60 years** (Specify whether years, months or days)
 In this community **60 years**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo.**
 (b) County **Saline**
 (c) City or town **R.F.D. # 4, Marshall, Mo.**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **Claytop** (If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **Laura Virginia Thomas**
 (b) If veteran, name war **no**
 (c) Social Security No. **no**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **July** day **14** year **1946** hour **11:15** minute **15** M.
 21. I hereby certify that I attended the deceased from **March 1946** to **July 12 1946**
 that I last saw her alive on **July 12 1946** and that death occurred on the date and hour stated above.

4. Sex **female** / 5. Color or race **white**
 6. (a) Single, widowed, married, divorced **married**
 6. (b) Name of husband or wife **Lemuel Thomas**
 6. (c) Age of husband or wife if alive **77** years
 7. Birth date of deceased **Sept. 21 1871**
 (Month) (Day) (Year)

Immediate cause of death **Cerebral Hemorrhage**
 Due to **third attack**
 Due to.....

8. AGE:	Years	Months	Days	If less than one day
	74	9	23	hr. min.

9. Birthplace **Albermarle Co. Va. /**
 (City, town, or county) (State or foreign country)

10. Usual occupation **farmers wife**

11. Industry or business.....

MOTHER FATHER

12. Name **Marion F. Wood**

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

14. Maiden name **Octavia V. Wood**
 (City, town, or county) (State or foreign country)

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

16. (a) Informant **Mrs. Robert Thomas,**

(b) Address **R.D.D.4, Marshall, Mo.**

17. (a) **burial** (b) Date thereof **7-17-'46**
 (Burial, cremation, or removal) (Month) (Day) (Year)
Marshall, Mo.

(c) Place: burial or cremation **Hill Brothers,**

18. (a) Signature of funeral director **Slater, Mo.**

(b) Address.....
 19. (a) **July 23 1946** (b) **W.E. Shackelford**
 (Date received local registrar) (Registrar's signature)

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

Major findings:
 Of operations **430**

Of autopsy **no**
 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) (e) Means of injury.....

While at work?.....

23. Signature **P. L. Lawless** (M. D. or D.O.)

Address **Marshall Mo** Date signed **7-15-46**

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RECEIVED

District Health Officer No. 5,

District File Number
Date Filed: 8-3-46

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: *Sam M. Hill*

Licensed Embalmer No. *1292*

P. O. Address: *Slate* *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.