

S. No. 2
OM-5-43
v. 5-17-39
I X36671

FILED SEP 10 1946

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 708

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield

(c) Name of hospital or institution: 943 W. Lombard /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")

(d) Street No. 943 W. Lombard 6
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Marguerette Isabella 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 Widowed

6. (b) Name of husband or wife Horace E. Thomas

6. (c) Age of husband or wife if alive Dec. years

7. Birth date of deceased June 19, 1888
(Month) (Day) (Year)

8. AGE: Years 58 Months 2 Days 8 If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business _____

12. Name John Nunnery

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

14. Maiden name Unknown

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

16. (a) Informant H.E. Thomas

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 9-7-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cem.

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

(b) Address Springfield, Mo.

19. (a) 8-29-46 (b) H. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 27 year 1946 hour 8 minute 40 a.m.

21. I hereby certify that I attended the deceased from November 13 to August 27, 1946 that I last saw her alive on Aug. 27, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 2 hrs

Due to Leukemia (Myelogenous type) 3 yrs.

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)

(e) Means of injury _____

23. Signature J.P. M... .. (M. D. or other) _____

Address Springfield, Mo. Date signed 8/28/46

WRITE PLAINLY—USE **READING** BLACK INK—MAKE A PERMANENT RECORD

9
2
6

MOTHER FATHER

111

W

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..... *Walter E Hameller*
Licensed Embalmer No..... 3808
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: f