

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Portageville  
(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 \_\_\_\_\_  
(Specify whether years, months or days)

In this community 37 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Clara Maud Ventress Thomas

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female / 5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Clarence Thomas

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

7. Birth date of deceased: July 6 1876  
(Month) (Day) (Year)

8. AGE: Years 70 Months 7 Days 4  
If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Carmi Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

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

MOTHER FATHER { 12. Name Michael Ventress

13. Birthplace don't know Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Hester Ann Newman

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

16. (a) Informant Chalem Thomas

(b) Address Portageville, Mo.

17. (a) Burial (b) Date thereof 2-12-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Portageville Cemetery

18. (a) Signature of funeral director Delisle Funeral Parlor

(b) Address Portageville, Mo.

19. (a) 2-20-47 (b) Ellen Delisle  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid 72

(c) City or town Portageville 6  
(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 Feb. day 10  
year 1947 hour 9 P.M. minute 00 M.

21. I hereby certify that I attended the deceased from Feb 8  
1947 to Feb 10, 1947.  
that I last saw her alive on Feb 10, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to Hypertension

Due to arteriosclerosis

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 83A  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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 U

23. Signature Harney H. Carter (M. D. \_\_\_\_\_)

Address Portageville, Mo. Date signed 2-20-47

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

2  
6  
0

RECEIVED

District Health Office No. 2,

District File Number 342-327

3-7-47

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**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.....

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, fact should be so stated above.**