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-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JUN 30 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16390

State File No. \_\_\_\_\_

Registration District No. 6

Primary Registration District No. 3001

Registrar's No. 15

**1. PLACE OF DEATH:**

(a) County Audrain

(b) City or town Vandalia  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 414 North Monroe  
(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 Lifetime  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Audrain 4

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

(d) Street No. 414 North Monroe 1  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME FRANCES JANE THOMAS

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. NONE

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Homer A. Thomas 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased January 24 1881  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>66</u>	<u>4</u>	<u>1</u>	_____ hr. _____ min.

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

10. Usual occupation Housewife

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

12. Name Joseph W. McGrew 1

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

14. Maiden name Alodia Nutgrass

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

16. (a) Informant Claud Thomas

(b) Address Vandalia, Mo

17. (a) Burial (b) Date thereof 5/26/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vandalia, Missouri

18. (a) Signature of funeral director W. S. Waters

(b) Address W. S. Waters, Vandalia, Mo

19. (a) May 26 1947 (b) Mallie Fugate  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 25  
year 1947 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from Jan 1947 to May 25 1947  
that I last saw h. alive on May 25, 1947,  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Cancer of Stomach

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings:  
Of operations \_\_\_\_\_ H6 B  
Of autopsy \_\_\_\_\_

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 St. H. Bland (M. D. or other) 1  
Address Vandalia Date signed 5/26/47

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

MOTHER FATHER

**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 William B Waters  
Licensed Embalmer No. 4169  
P. O. Address Vandalia 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.**