

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **28149**
Registrar's No. **174**

FILED AUG 25, 1947
Registration District No.

Primary Registration District No. **62 93**

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

1. PLACE OF DEATH:

(a) County **Jasper**

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

(c) Name of hospital or institution **7 miles south East of Jasper**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**

(c) City or town **Rural**
(If outside city or town limits, write "RURAL")

(d) Street No. **7 miles South East Jasper**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME **Mary Amanda Thomas**

3. (b) If veteran, name war **none**

3. (c) Social Security No. **none**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **3**
year **1947** hour **6** minute **30** P.M.

21. I hereby certify that I attended the deceased from **Jan 46** to **Aug 3 1947**
that I last saw him alive on **Feb 3 1947**
and that death occurred on the date and hour stated above.

Duration

4. Sex **Female** 5. Color or race **White**

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

6. (b) Name of husband or wife **A.L. Thomas**

6. (c) Age of husband or wife if alive **21st** years
if dead **1867** years

7. Birth date of deceased: **Feb 21st**
(Month) (Day) (Year)

Immediate cause of death **Senility with Senile dementia**

Due to.....

Due to.....

Other conditions (include pregnancy within 3 months of death) **none**

Major findings: Of operations **none**

Of autopsy **none**

PHYSICIAN

Underline the cause of which death should be charged statistically.

8. AGE: Years Months Days If less than one day

80	5	12hr.min.
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9. Birthplace **Ill**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housekeeping**

11. Industry or business **Same**

12. Name **William Clouser**

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

14. Maiden name **Catherine Frounseier**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Floyd Thomas**
(b) Address **Jasper Mo.**

17. (a) **Burial** (b) Date thereof **8-5-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mitchel Cem.**

18. (a) Signature of funeral director **Chas. J. Teeter**
(b) Address **Jasper Mo.**

19. (a) **8-15-47** (b) **L. B. Coates**
(Date received local registrar) (Registrar's signature)

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)

While at work..... (e) Means of injury.....

23. Signature **George H. Wood** (M. D. or other)
Address **Carthage Mo** Date signed **8/4/47**

47-8-668

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

Howard E. Simpson

Licensed Embalmer No.

4288

P. O. Address

Jasper 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.