. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 15 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30126

Registration District No. 356 Primary Registration District No. 2609 Registrar's No. 116

1. PLACE OF DEATH:
(a) County Texas
(b) City or town Rural Cisley
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 4 YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Texas 107
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 5 mi N of Houston
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME THELMA SARAH WARNER
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife John
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased Feb (Month) 15 (Day) 1894 (Year)

8. AGE: Years 53 Months 5 Days 24 If less than one day hr. min.

9. Birthplace Stewart (City, town, or county) Va. 1 (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER
12. Name Jones
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Patty Hatfield
15. Birthplace (City, town, or county) Va. 1 (State or foreign country)
16. (a) Informant Mr. John Warner
(b) Address Houston, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/12/47 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill
18. (a) Signature of funeral director Gaylord V. Elliott
(b) Address Houston, Mo.
19. (a) Aug. 14-47 (Date received local registrar) (b) Myrtle Craig (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 9
year 1947 hour 12 minute 30 P.M.
21. I hereby certify that I attended the deceased from 4-12- 1943 to 8-9-47 19
that I last saw her alive on 8-8-47 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	48 Hours
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

94A

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)
While at work? (e) Means of injury 2
23. Signature Henry R. Rosy (M. D. or other) D.O.
Address Houston, Mo. Date signed 8-11-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 44294
Date Filed 9-12-47

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 Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, Miss

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.