

Registration District No. 173

Primary Registration District No. 5431

Registrar's No.

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Rural -
(c) Name of hospital or institution Prairie Township
(d) Length of stay: In hospital or institution
In this community one year -

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Franklin
(c) City or town Rural -
(d) Street No. Prairie Township
(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME Minnie Thomas
3. (b) If veteran. NO
3. (c) Social Security No. NO

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept - day 28
year 1947 hour 11 minute 00 - M.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife John Thomas
6. (c) Age of husband or wife if alive 10-4-1869

21. I hereby certify that I attended the deceased from 4-10-47 to 9-28-47 that I last saw him alive on 9-27-47 and that death occurred on the date and hour stated above.
Immediate cause of death: Cancer of uterus

8. AGE: Years 74- Months 11 Days 23 If less than one day hr. min.

Other conditions:
Major findings: 488
Of operations:
Of autopsy:

9. Birthplace: Alton Ill.
10. Usual occupation: Bank work

MOTHER FATHER
11. Industry or business
12. Name: William Diamond
13. Birthplace: MO
14. Maiden name: Elizabeth Burgess
15. Birthplace: Ill.

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant: Gladys Kessler
(b) Address: Rottsville MO
(c) Place: burial or cremation: Oakwood Hill Ill

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director: Sherman Mitchell
(b) Address: St. Clair MO
19. (a) 10-1-1947 (b) E. L. Rothington

23. Signature: W. E. Mitchell
Address: St. Clair MO
Date signed: 9/28

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

36
00
0

Date Filed OCT 18 1947

District File No. 7

District Health Officer No. 97

RECEIVED

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.....

E. Jesse Gahr

....., Registered Apprentice No. 482

working under my personal supervision.

Signed *Shenwood W. Mitchell*

Licensed Embalmer No. 3873

P. O. Address St. Clair, 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.