

**FILED DEC 12 1947**

Registration District No. **291**

Primary Registration District No. **4432**

Registrar's No. **102**

**1. PLACE OF DEATH:**

(a) County **PUTNAM**  
 (b) City or town **LUCERNE** *Lucerne*  
 (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 **78 YEARS** (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **MISSOURI** (b) County **PUTNAM** **86**  
 (c) City or town **LUCERNE** **6**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **/** (If rural, give location)  
 (e) Citizen of foreign country? **NO** (Yes or No)  
 If yes, name country.

**3. (a) PRINT FULL NAME**

**ELLEN THOMAS**

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 **WIDOWED**

6. (b) Name of husband or wife **ALEXANDER THOMAS**

6. (c) Age of husband or wife if alive **28** years

7. Birth date of deceased **NOVEMBER** (Month)

**28** (Day) **1849** (Year)

8. AGE: Years **97** Months **II** Days **24**

If less than one day .hr. min.

9. Birthplace **OHIO** (City, town, or county)

(State or foreign country)

10. Usual occupation **HOUSEWORK**

11. Industry or business **HOUSEHOLD**

MOTHER FATHER { 12. Name **JOHN & PETERS**

13. Birthplace **OHIO** (City, town, or county)

(State or foreign country)

14. Maiden name **SARAH SLAVENS**

15. Birthplace **OHIO** (City, town, or county)

(State or foreign country)

16. (a) Informant **Frank Thomas**

(b) Address **Lucerne Mo**

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **NOV. 24 1947** (Month) (Day) (Year)

(c) Place: burial or cremation **LUCERNE CEMETERY**

18. (a) Signature of funeral director **COMSTOCK FUNERAL HOME**

(b) Address **UNIONVILLE, MO. BY J. W. Comstock**

19. (a) **12-3-47** (Date received local registrar) (b) **Marcell Durbin** (Registrar's signature) **12.3.47**

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **NOV.** day **22** year **1947** hour minute M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above. Immediate cause of death \_\_\_\_\_

Due to **old age or natural cause**

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

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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 \_\_\_\_\_

23. Signature **Chas Fowler** (M., D. or other) **2**  
 Address **Unionville Mo** Date signed **12-24-47**

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

12 13 17 13

7 01

RECEIVED  
District Health Officer No. 10  
District File Number 12-47-1713  
Date Filed DEC. 1. 0 1947

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 James W. Constock  
Licensed Embalmer No. 4187  
P. O. Address Unionville, 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.