

S. No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED MAY 26 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **15406**

Registration District No. **38** Primary Registration District No. **3006** Registrar's No. **138**

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(c) Name of hospital or institution: Ellis Fischel State Cancer Hosp.
(d) Length of stay: 15 days
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(d) Street No. 2554 N. Grant
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME L. ADA THOMAS
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 22 year 1948 hour 12:50 minute a.m.
21. I hereby certify that I attended the deceased from 5-7-48 to 5-22-48
that I last saw her alive on 5/22/48 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Marion Thomas 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 10 80 75
(Month) (Day) (Year)

Immediate cause of death Uremia Duration 15 days
Due to Adenocarcinoma of Endometrium 3 years
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations as above Of autopsy none

8. AGE: Years 72 Months 8 Days 2 If less than one day hr. _____ min. _____
9. Birthplace Missouri
10. Usual occupation Housewife
11. Industry or business _____
12. Name Fountain Carr
13. Birthplace Missouri
14. Maiden name Susan Browlow
15. Birthplace Missouri
16. (a) Informant Marion Thomas
(b) Address Springfield Mo.
17. (a) Burial (b) Date thereof May 23 '48
(c) Place: burial or cremation Springfield Mo.
18. (a) Signature of funeral director Fisher Funeral Service
(b) Address Columbia Mo.
19. (a) 5-22-48 (b) Mrs. R.E. Palmer

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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Came Ajae (M. D. or other) _____
Address Ellis Fischel State Cancer Date signed 5/22/48

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

39
2
6
7

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

Hoop

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed MAY 25 1948

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 Tom M. Harg

Licensed Embalmer No. 4067

P. O. Address Columbia, 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.