S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 14 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

18975
State File No.

Registration District No. 73 Primary Registration District No. 5291 Registrar's No. 59

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Liberty RR#I
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Liberty RR#I 2 miles N.W.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Clay 24
(c) City or town Liberty 0
(If outside city or town limits, write "RURAL")
(d) Street No. RR#I 2 miles N.W. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME Edna May Thomason
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Oscar Thomason
6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased May (Month) 4 (Day) 1878 (Year)

8. AGE: Years 70 Months 1 Days 24 If less than one day hr. min.

9. Birthplace Kearney (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Home
FATHER
12. Name Daniel Johnson Mathews
13. Birthplace Richland Co. (City, town, or county) Ohio (State or foreign country)
MOTHER
14. Maiden name Emely Jane Barnthouse
15. Birthplace Wyandotte Co. (City, town, or county) Ohio (State or foreign country)
16. (a) Informant Mrs Emma Adams
(b) Address St Joseph Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/30/48 (Month) (Day) (Year)
(c) Place: burial or cremation Kearney, Mo.
18. (a) Signature of funeral director O. J. Sander Jr.
(b) Address Liberty, Mo.
19. (a) June 29, 1948 (Date received local registrar) (b) Minnie Haynes (Registrar's signature) 64

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
year 1948 hour 7 minute 20 A.M.
21. I hereby certify that I attended the deceased from June 1, 1948, to June 28, 1948
that I last saw her alive on June 26, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma Rectum	Indef
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 46 P	
Major findings: Of operations Carcinoma Rectum	
Of autopsy	

PHYSICIAN
Underline the cause of 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) 0
While at work? (e) Means of injury
23. Signature Glenn W. Hendrix (M. D. or other) MD.
Address Liberty Mo Date signed 6/29/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number
Date Filed 7-13-48

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 O J Bowles Jr

Licensed Embalmer No. 3934

P. O. Address Liberty, 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.