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FILED NOV 30 1948  
Dr. Taylor

State File No. \_\_\_\_\_

Registration District No. 17

Primary Registration District No. 3016

Registrar's No. 265

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Mary's Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day  
(Specify whether years, months or days)

In this community 12 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town Jefferson City  
(If outside city or town limits, write "RURAL")

(d) Street No. 323 Washington Street  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Virginia Worrell Thomas

(b) If veteran, name war \_\_\_\_\_

(c) Social Security No. 487-09-4707

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife George P. Thomas

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: Oct 19 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

76 1 8 hr. min. 0

9. Birthplace Paris, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Not Known 9

13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name Not Known

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Paul J. Harris

(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Nov-27-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mexico, Missouri

18. (a) Signature of funeral director Wm. J. Jordan

(b) Address Jefferson City, Missouri

19. (a) 11-27-48 (b) D. P. Harris  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 27  
year 1948 hour 2:00 minute 4 A.M.

21. I hereby certify that I attended the deceased from Nov 27 1948 to Nov 27 1948  
that I last saw her alive on Nov 27 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the  
Stomach 2 mo

Due to Primary site  
Esophageal Cancer 3 yr

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations H/E

Of autopsy \_\_\_\_\_

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? 0

While at work? \_\_\_\_\_ (Specify type of place)

23. Signature Donald Taylor (M. D. or other) M.D.

Address Jefferson City Date signed 11-27-48

Duration

2 mo

3 yr

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED  
District Health Officer No. 9,  
District No. Number  
Date Filed NOV 29 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 Ferd P. Nulle

Licensed Embalmer No. 3890

P. O. Address. Jefferson City

**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.**