

No. 300
10-48

FILED MAY 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16483

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

BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 209

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mt. Vernon		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence	
c. LENGTH OF STAY (in this place) 381 days			
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri State Sanatorium		d. STREET ADDRESS (If rural, give location) 506 West Mill St.	

3. NAME OF DECEASED (Type or Print)	a. (First) Mary	b. (Middle) Jane	c. (Last) Thomas	4. DATE OF DEATH (Month) (Day) (Year)
				May 6 1949

5. SEX Female	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct. 17, 1927	9. AGE (In years last birthday) 21	IF UNDER 1 YEAR Months	IF UNDER 2 WKS. Days	Hours	Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laundry work	10b. KIND OF BUSINESS OR INDUSTRY Laundry	11. BIRTHPLACE (State or foreign country) Independence, Mo.	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME Jess S. Thomas	13b. MOTHER'S MAIDEN NAME Catherine Irving	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 493-30-2846	17. INFORMANT'S SIGNATURE OR NAME E. McMichael, Record Clerk	ADDRESS Mo State San., Mt. Vernon, Missouri
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure; ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis		INTERVAL BETWEEN ONSET AND DEATH Abt 1 1/2 yrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		002X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **April 20, 1948**, to **May 6, 1949**; that I last saw the deceased alive on **May 9, 1949**, and that death occurred at **1:55 am.**, from the causes and on the date stated above.

23a. SIGNATURE E. McMichael	(Degree or title) M. O.	23b. ADDRESS Mount Vernon, Missouri	23c. DATE SIGNED 5-6-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/10/49	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Ceme. Independence, Mo.	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. 5-6-49	REGISTRAR'S SIGNATURE Paul Hendricks	25. FUNERAL DIRECTOR'S SIGNATURE Chas. Davis	ADDRESS 1513 West 1st St. N. C. Mo.
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RECEIVED

District Health Officer No. 6,

District File Number 549-552

Date Filed 5-23-49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed *E. C. Davis*

Signed _____
Student Embalmer

Licensed Embalmer No. 4417

P. O. Address *H. C. 2nd*

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.