Name of Deceased (in full) Date of Deceased (in full) Date of Death Field & 1945 Place of Death Single, Married or Widowed Jungle Age Lette are Months Devy Place of Birth Bingingal Thomas and Vinginia Hofman Disease Direct Cause of Death Direct Cause of Death Last Place of Residence Physician's Name D. Many of Cemelery AT Warys In whose Lot Interred Size of Coffin, Cashet or Box Name of Competer or Box Size of Coffin, Cashet or Box	THE CINCINNATI CATHOLIC CEMETERY SOCIETY
Date of Death Tiel 8 1945 Place of Death Good Sensitive Single, Married or Widowed Jungle Age Xerris and Months Deps Place of Birth Birchneut Occupation Name of Parents Raymond Thomas and Vingines Hofman Disease Controlled Direct Cause of Death Indirect Cause of Death Last Place of Residence Physician's Name Da Mungel Date of Interment Tiel 10 - 40 Name of Cemetery AT Warys In whose Lot Interred Size of Coffin, Casket or Box	FUNERAL DIRECTORS ORDERING GRAVES MUST FILL OUT THIS BLANK AND TAKE IT TO THE SUPT. WHERE INTERMENT IS MADE
Single, Married or Widowed Jungle Place of Birth Beneficial Occupation Name of Parents Raymond Thomas and Vinginia Mofilian Disease Controlled ST. MARY Color Last Place of Residence Physician's Name And Disease Date of Interment Fight 10 - 40 Name of Cemetery At Marys In whose Lot Interred Size of Coffin, Casket or Box Size of Coffin, Casket or Box	Name of Deceased (in full) Regimes Thomas
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In whose Los Interred Stee of Coffin, Casket or Box In MARY Color Last Place of Residence Physician's Name Date of Interment Fish 10 - 42 Marys Lot 79 BSR Sec. 18 Stee of Coffin, Casket or Box	
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In whose Lot Interred Size of Coffin, Cashet or Box Size of Coffin, Cashet or Box	Physician's Name Dr Muscl Date of Interment Tel 10 - 40
Size of Coffin, Cashet or Box	Name of Cemetery St Mars
	In whose Lot Interred Single Let 79 BSR Sec. 18
	Size of Coffin, Casket or Box
Whoras + Jon Funeral Director	Therau + Jin Funeral Director

Reg. Dist. No. OHIO DEPARTMENT OF HEALTH COLUMBUS State File No.			
Primary Reg. Dist. No. CERTIFICATE Department of Commerce	OF DEATH Registrar's No.	813	
PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	- 44	
(a) County Hamilton	(a) State Ohio (b) County Has	nellon	
famounde	D T		
(b) Jour Lamardan (City, Village, Township)	(c) City or village City or village, write	RURAL	
c) Name of hospital or institution:	4/ / 1	1 /10	
of not in hospital or institution, write street No. or location)	(d) Street No. 1827 / tarfield	ar	
(d) Length of stay: In hospital or institution(Days)	MAR 1945		
In this community	(e) If foreign born, how long in U. S. A.?	years,	
FULL (Years, months or days)	MEDICAL CERTIFICATION		
NAME / Ocenica / home	20. Date of death; Month February day	8 ch	
(a) If veteran, (b) Social Security	year 1940 hour 8 minute	45	
name war No.	21, I hereby certify that I attended the decreased from	om	
5. Color of 6.(a) Single, widowed, married,	Jan 23, 1975, to Feb. 8	. 1940	
Sex Temple race White divorced divorced	that I last saw her alive on fell &	. 19_20:	
(b) Name of husband or wife	and that death occurred on the date and hour stated ab	ove. Duration	
Birth date of deceased Jan 9- 1995	Walnutrale or		
(Month) (Day) (Year)	Allendation 1 - 1		
AGE: Years Months Days If less than one day	Due to Epidemic enlarlis		
30 hr. min.			
Birthplace (City, town, or county) (State of foreign country)	Due to		
O. Usual occupation			
1. Industry or business	Other conditions (Include pregnancy within 3 months of death)		
12. Name Haymond Thome		_	
13. Birthplace City, town, or county) (State optoreign country)	Major findings of operation	Underline	
14. Maiden name Virginia Hofmann		which death	
15. Birthplace (City, town, or county) (State or foreign country)	Major findings of autopsy Good funding	should be	
5. (a) Informant's signature Wess Raymond Thomas	executably near. Terramatorieur	would tiatically.	
(b) Address 1822 Handeld Lt.	22. If death was due to external causes, fill in the	he following:	
(a) Burial, cremation, or other; (b) Date 16 10 1945	(a) Accident, suicide, or homicide (specify)		
(c) Place At Marys Cemetry (Day) (Year)	(b) Date of occurrence		
T 1	(c) Where did injury occur? (City or Village) (Com	nty) (State)	
(d) T. Kosenseker 4722A.	(d) Did injury occur in or about home, on farm	n, in industrial	
(Name of Embalmer) (Lic. No.)	place, in public place?(Specify type of	places	
B. (a) Harry W. Thance 262	While at work? (e) How did injury	occur?	
(Lie. No.)	- D + 1 1 1	1/2/	
(b) Address Circumati Chia	23. Signature Labert W. Toberel	TIMA	
9. (DEB 9 10 ar (b) Trace Leton's	Specify if Doctor of Medicine or Oster	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(Date received local registrar) (Registrar's signature)	Address Jook an Dorp Date sign	en 160 0 17	