

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 53

FILED MAR 1 1940

1. PLACE OF DEATH: Cole  
 (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:  
406 Vettters Lane 2  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 1 yr. years, months or days

3. (a) PRINT FULL NAME Sarah Elizabeth Thomas 520  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased July 9, 1887  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
52 7 19 hr. min.

9. Birthplace Holt Summit Callaway Co.  
 (City, town, or county) (State or foreign country)

10. Usual occupation School teacher

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

MOTHER FATHER { 12. Name Joseph Thomas  
 18. Birthplace Ky. (City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Pauline Rice  
 15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. J. R. Robertson  
 (b) Address Jefferson City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/2/40 (Month) (Day) (Year)  
 (c) Place: burial or cremation Union Hill Cemetery

18. (a) Signature of funeral director Buescher funeral home  
 (b) Address Jefferson City, Mo.

19. (a) 3/1/40 (Date received local registrar) (b) [Signature] (Registrar's signature)

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. 406 Vettters Lane (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 28 year 1940 hour 8 minute 00 P. M.  
 21. I hereby certify that I attended the deceased from Feb 1st Feb 28, 1940, to Feb 28, 1940;  
 that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 25 days Duration  
 Due to Hypertension  
Atherosclerosis  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)  
John W

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 Underline the cause to 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? \_\_\_\_\_

23. Signature [Signature] (M. D. or other) 1  
 Address Jefferson City Mo Date signed 3/1/40  
 While at work \_\_\_\_\_ (Specify type of place) (a) Means of injury \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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

*Victor Buescher*

Licensed Embalmer No. 3701

P. O. Address. Jefferson City, 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, above space should be left blank.**