DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 9 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14691

Registration District No. 213 | Primary Registration District No. 3014 | Registrar's No. [redacted] 107

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution:
1506 Monroe St. 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 29 days
years, months or days)

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. 1506 Monroe.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Bonnie Jo 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 Infant

6. (b) Name of husband or wife ---------- 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 26 1940 (Month) (Day) (Year)

8. AGE: Years | Months | Days 29 | If less than one day _____ hr. _____ min.

9. Birthplace 1506 Monroe St. (City, town, or county) Cole Mo. (State or foreign country) 0

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Marvin Thomas
13. Birthplace Ashland, Mo. (City, town, or county) (State or foreign country) 0

MOTHER
14. Maiden name Dorothy Rippeto
15. Birthplace Ashland, Mo. (City, town, or county) (State or foreign country) 0

16. (a) Informant's own signature Marvin Thomas
(b) Address 1506 Monroe St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/26/40 (Month) (Day) (Year)
(c) Place: burial or cremation Goshen Cem. Wilton, Mo.

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

19. (a) 4-26-40 (Date received local registrar) (b) [illegible] M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr ~~25~~ day 25
year 1940 hour 2 minute 30 A M.

21. I hereby certify that I attended the deceased from Apr 16 1940, 19__, to Apr 25, 1940;
that I last saw her alive on Apr 25, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Terminal Pneumonia Bronchial to Endocarditis with open Foramen Ovale. | Duration

Due to _____

Due to _____ 157C

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy _____

PHYSICIAN
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? _____ (Specify type of place)
(e) While at work? _____ (e) Means of injury _____

23. Signature Jas A. Hill (M. D. or other)
Address Jefferson City MO Date signed Apr 26 40

(Licensed Embalmer's Statement on Reverse Side)

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 Buese

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.