

3500
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Paris
(c) Name of hospital or institution: _____
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dunklin
(c) City or town Rural
(d) Street No. _____
(e) If foreign born, how long in U. S. A. _____ years.

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 12
year 1941 hour _____ minute _____ M.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from Jan 9-41 to Jan 9-41, 1941.
that I last saw her alive on Jan 9-41 and that death occurred on the 9th hour after noon above.
Immediate cause of death Lobar pneumonia

7. Birth date of deceased: 2-16-1862
(Month) (Day) (Year)

Due to medicinal & other an acct being a肺炎
Due to _____

8. AGE: Years 72 Months 10 Days 30 hr. _____ min. _____

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

9. Birthplace Dunklin Co. Tenn
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy _____

MOTHER FATHER
12. Name George Elliott
13. Birthplace Paris, Missouri
14. Maiden name Elizabeth Johnson
15. Birthplace Paris, Missouri

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Edna M. Johnson
(b) Address _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence Jan 9-41

17. (a) burial (b) Date thereon 1-13-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director W. Daniel
(b) Address Paris, Mo.
19. (a) Feb. 4-1941 (b) A. D. McDaniel
(Date received local registrar) (Registrar's signature)

(Specify type of place) _____
While at work _____ (e) Means of injury _____
23. Signature W. Daniel (M. D. or other) _____
Address Paris, Mo Date signed 1-13-41

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~~.....

H. P. Groch

Registered Apprentice No.....

working under my personal supervision.

Signed.....

H. P. Groch

Licensed Embalmer No.....

4106

P. O. Address.....

Senath 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, fact should be so stated above.