

FEB 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3713

Registration District No. 656

Primary Registration District No. 6281

Registrar's No.

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Holland, (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Sarah E. Thomas

3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Widowed
Single, widowed, married, divorced

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

7. Birth date of deceased June 28 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 6 19 hr. _____ min.

9. Birthplace Derby, Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business _____

MOTHER FATHER { 12. Name Isaac Kellems
18. Birthplace Derby, Ind.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Jane Alvey
15. Birthplace Derby, Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant Zelda Buys
(b) Address Marston, Mo.

17. (a) Removal (b) Date thereof 1/13/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Derby, Ind.

18. (a) Signature of funeral director J.L. German
(b) Address Steele, Mo.

19. (a) 2-8-1941 (b) Tom Brignace
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pemiscot
(c) City or town Holland, Rural.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17 1941
year _____ hour 3 minute 00 P.M.

21. I hereby certify that I attended the deceased from Jan 9 1941, to Jan 17 1941
that I last saw her alive on Jan 16 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Uremic Poison Duration _____

Due to Insufficient action of kidneys
Due to probably due partly to a fall sustained 1-9-41 in home
Other conditions age
(Include pregnancy within 3 months of death)

Major findings: Of operations none Of autopsy none
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 0 7 8

(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?
5885 While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature J.C. McLean (M. D. or other) _____
Address Holland Mo Date signed 1-17-41

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

2-41-31

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 William C. Shelton

Licensed Embalmer No. 3929

P. O. Address Steele, 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.