

APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10806

State File No. _____

Registration District No. 372

Primary Registration District No. 4218

Registrar's No. 1072

1. PLACE OF DEATH:
 (a) County Holt
 (b) City or town Mound City
 (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 _____
 years, months or days

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

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Matt. Thomas
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Oct. 10 1860
 (Month) (Day) (Year)

8. AGE: Years 80 Months 5 Days 19
 If less than one day _____ hr. _____ min.

9. Birthplace Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation House work

11. Industry or business _____
 MOTHER FATHER {
 12. Name W.L. Gorden
 13. Birthplace _____ Tenn.
 (City, town, or county) (State or foreign country)
 14. Maiden name Zilpha Philpott.
 15. Birthplace _____ Virg.
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature W. H. Rucker
 (b) Address St. Joseph Mo.

17. (a) Burial (b) Date thereof 3/31/41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mound City, Mo.

18. (a) Signature of funeral director W. Crawford
 (b) Address Mound City Mo.

19. (a) 3/31/41 (b) January 31
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
Missouri Holt 44
 (a) State (b) County
 (c) City or town Mound City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 0
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 29
 year 1941 hour unknown minute _____ M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him alive on March 28, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
 Due to Coronary artery occlusion
 Due to Found dead in bed at his home
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: 94 W
 Of operations _____
 Of autopsy Coronary artery occlusion

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

23. Signature D. P. Perry Coroner (M. D. or other) _____
 Address Mound City Mo. Date signed 3/31/41

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.

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

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 W. H. Crawford
Licensed Embalmer No. 1824
P. O. Address Mound 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.