DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19727 ~~17439~~

Fuerth
Registration District No. 12d

Primary Registration District No. 3009

Registrar's No. 184

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

1. PLACE OF DEATH:
(a) County: Cape Girardeau
(b) City or town: Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 10 Days (Specify whether years, months or days)
In this community: 1 year

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Scott
(c) City or town: Vanduser
(If outside city or town limits, write "RURAL")
(d) Street No.: 1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Leola Sones
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: F
5. Color or race: C
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Carl Sones
6. (c) Age of husband or wife if alive: 33 years
7. Birth date of deceased: 10 (Month) 9 (Day) 1909 (Year)

8. AGE: Years 31 | Months 7 | Days 2 | If less than one day: ____ hr. ____ min.

9. Birthplace: Little Rock (City, town, or county) Ark. (State or foreign country)
10. Usual occupation: Housework
11. Industry or business:
MOTHER FATHER
12. Name: James Halloway
13. Birthplace: Unknown (City, town, or county) G (State or foreign country)
MOTHER
14. Maiden name: Ella Mack
15. Birthplace: Pine Bluff (City, town, or county) Ark. (State or foreign country)
16. (a) Informant: Carl Sones
(b) Address: Vanduser Mo. 14
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/14/41 (Month) (Day) (Year)
(c) Place: burial or cremation: Charleston Mo.
18. (a) Signature of funeral director: John Albritton
(b) Address: Sikeston Mo.
19. (a) 5-13-41 (Date received local registrar) (b) John Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 11 year 1941 hour 12 minute 45 p.m.
21. I hereby certify that I attended the deceased from 5-1, 1941, to 5-11, 1941; that I last saw h alive on ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Toxic Thyroid
Due to:
Due to: 10 yr.
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: Total Thyroidectomy
Of autopsy:

Duration

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)
While at work? (e) Means of injury:
23. Signature: G. Deuerth (M. D. or other) MD
Address: Cape Girardeau Mo. Date signed: 5/13/41

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.