

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS 1941  
FILED OCT 1 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

32723 ✓

Registration District No. 121 Primary Registration District No. 4553 State File No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
 (a) County Scott  
 (b) City or town Sikeston  
(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 years, months or days)  
 In this community 31 yrs.

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Scott  
 (c) City or town Sikeston  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 221 Ruth St.  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Estella Thomas

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife M. J. Thomas 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased March 3 1869  
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>72</u>	<u>4</u>	<u>6</u>	_____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Miller Sparks

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Taylor

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant M. J. Thomas

(b) Address Sikeston, Mo.

17. (a) Burial (b) Date thereof 7-11-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston, Mo.

18. (a) Signature of funeral director [Signature]

(b) Address Sikeston, Mo.

19. (a) 10-1-41 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9  
 year 1941 hour 10 minute \_\_\_\_\_ P: M.

21. I hereby certify that I attended the deceased from Oct. 1940  
 to July 9, 1941

that I last saw her alive on July 9, 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus Duration 2 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 9

23. Signature \_\_\_\_\_ (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed \_\_\_\_\_

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No 2,

District File Number 1041-1322

Date Filed 10/6/41

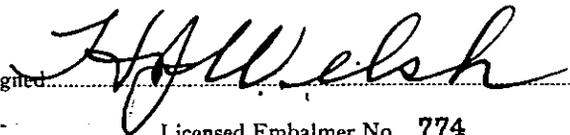
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STATEMENT BY LICENSED EMBALMER

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. 774

P. O. Address Sikeston, Missouri

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.