

JAN 13 1942

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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41441

State File No. _____

Registrar's No. 1189

Registration District No. _____

Primary Registration District No. 1001

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1802 South 9th. Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No.
(Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan / /
(c) City or town St. Joseph. /
(If outside city or town limits, write "RURAL")
(d) Street No. 1802 South 9th. Street /
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sarah Elizabeth Thomas

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

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

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

7. Birth date of deceased September 13 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 2 29 hr. _____ min.

9. Birthplace Dekalb County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Wesley Hall

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

14. Maiden name Jannette Ann Crank

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

16. (a) Informant Mrs. J. H. Johnson

(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof 12/14/41.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cemetery

18. (a) Signature of funeral director Walter Reischer

(b) Address 1302 Faraon St. St. Joseph, MO.

19. (a) Dec. 13, 1941 (b) H. J. Reschke
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 12
year 1941 hour 3 minute 00 A. M.

21. I hereby certify that I attended the deceased from Sept. 8 1939 to Dec. 12 1941
that I last saw h. er alive on Dec. 11 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration
Cerebral hemorrhage 9 hrs.

Due to Arterio-sclerosis many
& myocardial insufficiency 2 1/2 hrs

Due to _____

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

Major findings: none g3a PHYSICIAN
Of operations _____
Of autopsy none
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 _____

23. Signature S. T. Bloomer (M. D. or other) M. D.
Address 1218 No. 3rd. St. St. Joseph Date signed 12-13-41

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

MOTHER FATHER

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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.....

Oby Jester

Licensed Embalmer No. 4154 Missouri

P. O. Address St. Joseph, 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.