V. S. No. 2
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5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 13 1943

Registration District No. 77

MISSOURI STATE BOARD OF HEALTH
# STANDARD CERTIFICATE OF DEATH

1780

State File No.

Primary Registration District No. 3008

Registrar's No. 15

4 1 2

**1. PLACE OF DEATH:**
(a) County: Callaway
(b) City or town: Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Clay Pit Lake in Southwest City Limits
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ In this community: Lifetime (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**
(a) State: Missouri (b) County: Callaway
(c) City or town: Fulton
(If outside city or town limits, write "RURAL")
(d) Street No.: West Second Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

14 1 2 0

3. (a) PRINT FULL NAME: SADIE SARAH THORP

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Female 1

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married 1

6. (b) Name of husband or wife: Thomas Thorp

6. (c) Age of husband or wife if alive: 52 years

7. Birth date of deceased: Jan. (Month) 12 (Day) 1891 (Year)

8. AGE: Years 51 | Months 11 | Days 28 | If less than one day ____ hr. ____ min.

9. Birthplace: Scott County, (City, town, or county) Illinois 1 (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: At Home

MOTHER FATHER
12. Name: Pete Rockwood
13. Birthplace: (City, town, or county) Illinois 1 (State or foreign country)
14. Maiden name: Anne Siscoe
15. Birthplace: Camden County, (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant: Walter Murray
(b) Address: Fulton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1/13/43 (Month) (Day) (Year)
(c) Place: burial or cremation: Hillcrest Cem. Fulton

18. (a) Signature of funeral director: Leo G. Wallace
(b) Address: Fulton, Missouri

19. (a) Jan 13-1943 (Date received local registrar) (b) Joseph Marquis Goff (Registrar's signature) 16

1147

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month January day 9 or 10th year 1943 hour unknown minute ____ M.

21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__; that I last saw he was dead alive on January - 10th, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death: Coroners Jury Verdict by Causes unknown to us - Apparently from drowning, because of the fact that the body was found in the water of said - Clay Pit Lake. (Duration)

Due to: X

Due to: ____

Other conditions (Include pregnancy within 3 months of death): X

Major findings: Of operations: X

Of autopsy: No

1837
36

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): Apparently accident
(b) Date of occurrence: January 9 or 10th 1943
(c) Where did injury occur? Fulton (City or town) Callaway (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Apparently while interested, fell in lake (Specify type of place)
While at work? No (e) Means of injury: X

23. Signature: L. W. Holman Coroner (M. D. or other)
Address: 8-E-8th St. Fulton, Mo. Date signed: 1-12-43

(Licensed Embalmer's Statement on Reverse Side)

FEB 17 1943

## 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, ~~only~~ .....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Elbert E. White

Licensed Embalmer No. 4168

P. O. Address Fulton, 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, fact should be so stated above.**