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M-542
5-17-39
X32873

11217

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

ED APR 14 1943

Registration District No. 297

Primary Registration District No. 6022

1. PLACE OF DEATH: Ray

(a) County..... Ray

(b) City or town..... Richmond Mo. Rural

(c) Name of hospital or institution:
None

(d) Length of stay: In hospital or institution..... None

In this community..... years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo. (b) County..... Ray

(c) City or town..... Richmond Mo. Rural

(d) Street No.

(e) Citizen of foreign country? No (Yes or No)

If yes, name country..... U.S.A.

3. (a) PRINT FULL NAME..... Sarah I. Thomson

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

3. (c) Social Security No..... No

4. Sex..... Female

5. Color or race..... White

6. (a) Single, widowed, married, divorced..... Widow

6. (b) Name of husband or wife..... R.S. Thomson Deceased

6. (c) Age of husband or wife if alive..... 1862

7. Birth date of deceased..... April 25 1862

8. AGE: Years 80 Months 11 Days

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Mar. day..... 25

year..... 1943. hour..... 1 minute..... 30 A.M.

21. I hereby certify that I attended the deceased from April 1941 to Mar 25 1943

that I last saw her alive on Mar 24 1943

and that death occurred on the date and hour stated above.

Immediate cause of death..... Myocardial Insufficiency

Due to..... Chronic Interstitial

Due to..... nephritis

Other conditions.....

(Include pregnancy within 3 months of death)

Duration 1 wk.

3 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

9. Birthplace..... Ray Co. House Wife

10. Usual occupation.....

11. Industry or business..... H.H. Cramer

12. Name..... Geramny

13. Birthplace..... Matilda Shaffer

14. Maiden name..... Penn.

15. Birthplace.....

16. (a) Informant..... G. B. Thomson

(b) Address..... Richmond Mo.

17. (a) Burial..... Ray Co. Mantiach Cem.

(b) Date thereof..... 3-27-43.

(c) Place: burial or cremation.....

18. (a) Signature of funeral director..... G. B. Thomson

(b) Address..... Richmond Mo.

19. (a) 3/25 1943 (Date received local registrar)

(b) Mrs. Chas W. Shaffer (Registrar's signature)

Major findings: Of operations.....

Of autopsy.....

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?.....

(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..... G.W. Gaines MD (M.D. or other)

Address..... Richmond, MO Date signed..... 3-25-43

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

89
0
0

MOTHER FATHER

1280

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-12-43

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 _____

J.B. Brothers

_____, Registered Apprentice No. _____

working under my personal supervision.

Brothers Funeral Home

Signed _____

Licensed Embalmer No. **2001.**

P. O. Address **Richmond 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.