. S. No. 2
OM—5-42
v. 5-17-39
FILED MAY 8 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14274

Registration District No. 120 Primary Registration District No. 5450 Registrar's No. 39

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

1. PLACE OF DEATH:
(a) County Gentry
(b) City or town Rural Miller Twp.
(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
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 37
(a) State Missouri (b) County Genty
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Sephronia Thatcher
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced 2 widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October (Month) 14 (Day) 1859 (Year)

8. AGE: Years 83 Months 6 Days 4 If less than one day hr. min.

9. Birthplace Evona (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At home
11. Industry or business
FATHER
12. Name Isaac Denton
13. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country) /
MOTHER
14. Maiden name Unknown Babcock /
15. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant Bolton Bowman
(b) Address McFall, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/21/43 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Zion
18. (a) Signature of funeral director Clifford Brooks
(b) Address Albany Mo
19. (a) April 20/1943 (Date received local registrar) (b) Homer M. Webster (Registrar's signature) Homer M. Webster

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18
year 1943 hour 6 minute 20 P.M.
21. I hereby certify that I attended the deceased from April 8th, 1943, to April 18th, 1943
that I last saw her alive on April 18th, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of the Lines	unknown
Due to —	
Due to —	
Other conditions (Include pregnancy within 3 months of death)	

46 f

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature W S Campbell (M. D. or other)
Address Albany Mo Date signed April 20th 1943

(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 Me.

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

working under my personal supervision.

Signed Clifford Brooks

Licensed Embalmer No. 3329

P. O. Address Albany 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.