S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 10 1944

Registration District No. 55

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 10607

Primary Registration District No. 3040 5185

Registrar's No. 92

1. PLACE OF DEATH:
(a) County: Cape Girardeau
(b) City or town: Cape Girardeau (Rural) (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: In ambulance en route to Hospital in Cape Girardeau. (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 ----------

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

3. (a) PRINT FULL NAME: Adaline Thomas
3. (b) If veteran, name war: -------
3. (c) Social Security No.: -------

4. Sex: Female
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Wilson Thomas
6. (c) Age of husband or wife if alive: ----- years
7. Birth date of deceased: March 1, 1879 (Month) (Day) (Year)

8. AGE: Years 65 | Months 0 | Days 1 | If less than one day ____ hr. ____ min.

9. Birthplace: Clinton, Louisiana (City, town, or county) (State or foreign country)
10. Usual occupation: Housekeeper
11. Industry or business: ----------

FATHER
12. Name: Ephriam Williams
13. Birthplace: Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Cecelia (Unknown)
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Scott Thomas
(b) Address: Sikeston, (Rural) Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: March 6, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Fairmont Cemetery
18. (a) Signature of funeral director: F. J. Sparks
(b) Address: Cape Girardeau, Mo.
19. (a) 3-7-44 (Date received local registrar) (b) F. K. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2 year 1944 hour 10 minute 30 A. M.
21. I hereby certify that I attended the deceased from ____, 19____, to ____, 19____; that I last saw h____ alive on ____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Accidental - Third degree Burns — Duration
Due to: Clothes being ignited
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): Accident 100
(b) Date of occurrence: March 2, 1944 Scott Co
(c) Where did injury occur? 6-Mile of Sikeston Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? At Home on Farm (Specify type of place)
While at work? at Home No (e) Means of injury: Fire

23. Signature: Dr. J. H. Sigmund Coroner (M. D. or other)
Address: Jackson, Mo. Date signed 3/4/44

(Licensed Embalmer's Statement on Reverse Side)

101

RECEIVED

District Health Officer No. 4

District File Number 44-3651

Date Filed 4-7-44

MAY 31 19

**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 Frank Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau 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.**