No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5031

FILED FEB 19 1946

State File No. _____

Registration District No. 79 Primary Registration District No. 3016 Registrar's No. 40

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days (Specify whether years, months or days)
In this community _____

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

3. (a) PRINT FULL NAME Emelia Elizebeth Thomas
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 Married
6. (b) Name of husband or wife Arthur Carl
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Jan. 28, 1886 (Month) (Day) (Year)
8. AGE: Years 60 Months 0 Days 14 If less than one day _____ hr. _____ min.
9. Birthplace Belleville, Ill. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business _____
12. FATHER Name Julius Strumpf
13. FATHER Birthplace Belleville, Ill. (City, town, or county) (State or foreign country)
14. MOTHER Maiden name Anna Marie Vogeler
15. MOTHER Birthplace Alagainia, Penn (City, town, or county) (State or foreign country)
16. (a) Informant Arthur Carl Thomas
(b) Address Hartsburg, Mo. RFD#2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/14/46 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Plesant Cemetery
18. (a) Signature of funeral director Clifton Buescher
(b) Address Jefferson City, Mo.
19. (a) 2-12-46 (Date received local registrar) (b) R. C. Harris MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12 year 1946 hour 10:00 AM minute _____ M.
21. I hereby certify that I attended the deceased from Jan 27, 1946, to Feb 12, 1946, that I last saw her alive on Feb 12, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Cervix Primary lesion Adenocarcinoma of uterus undetermined	4 yrs
Due to Metastases to lung	
Due to _____	
Other conditions (Include pregnancy within 3 months of death) Chronic myocarditis	years

Major findings:
Of operations _____
Of autopsy 47 d

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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Leonard Gaylor (M. D. or other) M.D.
Address Jefferson City Date signed 2-12-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 2-18-46

DEC 7 1946

FEB 20 1946

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 Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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.