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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30700

FILED SEP 18 1946

Registration District No. 1

Primary Registration District No. 2051

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St John's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Months (Specify whether years, months or days)

In this community Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lawrence 55

(c) City or town Pierce City (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Sara G. Kane

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 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 17 (Day) 1866 (Year)

8. AGE: Years	Months	Days	If less than one day
80	3	0	hr. min.

9. Birthplace Pennsylvania (City, town, or county) 1 (State or foreign country)

10. Usual occupation Retired School Teacher

11. Industry or business

MOTHER FATHER

12. Name Unknown

13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Sister Alphonsos

(b) Address Monett, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 20 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Pierce City

18. (a) Signature of funeral director Wessell Funeral Home

(b) Address Pierce City, Mo.

19. (a) 8-24-46 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 17 year 1946 hour 8.45 P.M. minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw her alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of esophagus	1 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

46 A

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? (c) Means of injury

23. Signature [illegible] (M. D. or other) 8/19/46

Address Date signed

138 (Licensed Embalmer's Statement on Reverse Side)

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

Mr V. E. Kenney

46-8-761

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 Cecil A. Thomkill

Licensed Embalmer No. 3590

P. O. Address Joplin, 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.