

FILED JAN 2 1947

Registration District No. 178

Primary Registration District No. 4281

Registrar's No. 113

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

1. PLACE OF DEATH:
 (a) County Lewis
 (b) City or town Canton
 (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 10 yrs.
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Lewis
 (c) City or town Canton
 (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 _____

3. (a) PRINT FULL NAME SARAH VIRGINIA THOMAS
 3. (b) If veteran, name war No. 3. (c) Social Security No. No.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 12 day 15
 year 1947 hour 3 minute A. M.
 21. I hereby certify that I attended the deceased from 11-1-47
 _____, 19____, to _____, 19____;
 that I last saw her alive on Dec. 15
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 (b) Name of husband or wife John Thomas 6. (c) Age of husband or wife if
 alive _____ years
 Birth date of deceased November 28 1857
 (Month) (Day) (Year)

Immediate cause of death _____
Acute congestive
cardial failure
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: 93K
 Of operations _____
 Of autopsy _____

8. AGE: Years Months Days If less than one day
90 0 27 hr. min.

9. Birthplace Canton Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

12. Name Thomas Morgan

13. Birthplace Lewis Missouri
 (City, town, or county) (State or foreign country)

14. Maiden name Mary Taylor

15. Birthplace Lewis Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant W. G. Miller

(b) Address Canton, Mo.

17. (a) Burial (b) Date thereof 12/17/47
 (Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Canton, Mo.

18. (a) Signature of funeral director W. B. Dudley

(b) Address Canton, Mo.

19. (a) 12-19-47 (b) P. W. Jennings
 (Date received local registrar) (Registrar's signature)

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 2
 23. Signature W. B. Dudley (M. D. or other) Do
 Address Canton, Mo. Date signed 12-17

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 10
District File Number 12-47-1850
Date Filed DEC 31 1947

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.....

Paul a. Vaughan....., Registered Apprentice No. *464*
working under my personal supervision.

Signed *E. H. Buckley*.....
Licensed Embalmer No. *2615*
P. O. Address *Centaw, 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.