No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

2196

State File No.

FILED FEB 16 1948

Registration District No. 3/8

Primary Registration District No. 4462

Registrar's No. 23

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Elvins
(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 lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois 94
(c) City or town Bismark 1
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sarah Carpenter Thomas
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex f /
5. Color or race W
6. (a) Single, widowed, married, divorced m /
6. (b) Name of husband or wife Joe Thomas
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased Nov. 16 1869 (Month) (Day) (Year)

8. AGE: Years 78 Months 2 Days 12 If less than one day hr. min.

9. Birthplace Bonne Terre, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Mathew Cunningham
13. Birthplace St. Francois County, Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Martha Bannister
15. Birthplace St. Francois County, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant (Susie) Mrs. J. L. Archambo
(b) Address Elvins, Mo.
17. (a) b (Burial, cremation, or removal) (b) Date thereof 1-30-48 (Month) (Day) (Year)
(c) Place: burial or cremation Bismark, Mo.
18. (a) Signature of funeral director C. H. Cozean
(b) Address Farmington, Mo.
19. (a) 1-30-48 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28
year 1948 hour minute 630p M.
21. I hereby certify that I attended the deceased from 12-1, 1947 to Jan 28, 1948
that I last saw her alive on Jan 28, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to

Due to Senility

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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 Jas W. Huffman (M. D. or other) MD
Address Bismarck Mo. Date signed 1-30-48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 248-182
Date Filed 2-11-48

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 C H Cozzens

Licensed Embalmer No. 4084

P. O. Address Farmington Me

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.

No. 2B
3-45
X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7 A

Registration District No. 316 Primary Registration District No. 4462 Registrar's No. 23

SUPPLEMENTARY 8

1. PLACE OF DEATH:

(a) County: St Francois

(b) City or town: Elvins
(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 years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

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

If yes, name country

3. (a) PRINT FULL NAME: Sarah C. Thomas

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: F

5. Color or race: W

6. (a) Single, widowed, married, divorced: M

6. (b) Name of husband or wife

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

7. Birth date of deceased: Mo. 16 (Month) (Day) (Year)

8. AGE: Years 78 Months 7 Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan Day 8 year 1948 hour minute M.

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

	Duration
Immediate cause of death: L	
Pneumonia	
Due to: Lobar	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 108	
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 (M. D. or other) M.D.

Address Date signed

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