

FILED APR 19 1948

Registration District No. 290

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5986

State File No. 13671

Registrar's No. 42

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Rural Tavern Twp.
(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 30 years
(Specify whether years, months or days)
In this community 30 years

3. (a) PRINT FULL NAME Sara Elizabeth Bomar

3. (b) If veteran, name war / 3. (c) Social Security No. 2

4. Sex F. 5. Color or race W 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Thos. Bomar 6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 14 1856
(Month) (Day) (Year)

8. AGE: Years 91 Months 10 Days 15 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Timothy Tharp

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

14. Maiden name D.K.

15. Birthplace D.K.
(City, town, or county) (State or foreign country)

16. (a) Informant Maude Chrisman

(b) Address Crocker, Mo.

17. (a) Burial (b) Date thereof 4-1-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crocker Cemetery

18. (a) Signature of funeral director J.L. Hoops & Sons

(b) Address Crocker, Mo.

19. (a) April 13 1948 (b) William C. Buckner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski
(c) City or town Rural
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 29
year 1948 hour 11:10 minute A M.

21. I hereby certify that I attended the deceased from June 1946 to Mar 29 1948
that I last saw her alive on Mar 28 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary - Vascular - Renal Disease

Due to

Due to

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 John A. Tjibaherich (M. D. or other) D.O.
Address Crocker, Mo. Date signed 4-1-48

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

JUN 20 1955

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.....*Paul B. Hooper*.....

Licensed Embalmer No. *3261*

P. O. Address *Haynesville, 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.