REC'D JAN 14 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43498
Do not use this space.

1. PLACE OF DEATH
(a) County Jefferson
(b) Township
(c) City Festus, Mo.
Registration District No. 421
Primary Registration District No. 4249
Registered No. 121
(d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

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3
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2. PRINT FULL NAME Sarah Isabelle Thorn
(a) Residence, No. ..... St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 11-1886
7. AGE Years 52 Months 1 Days 5 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Harrisonville (STATE OR COUNTRY) Ill.

FATHER
13. NAME Joseph J. Thorn
14. BIRTHPLACE (CITY OR TOWN) Harrisonville (STATE OR COUNTRY) Ill.

MOTHER
15. MAIDEN NAME Martha Bales
16. BIRTHPLACE (CITY OR TOWN) Harrisonville (STATE OR COUNTRY) Ill.

17. INFORMANT Martha Thorn (ADDRESS) Festus Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Festus City DATE 12-18 1938
19. FUNERAL DIRECTOR (NAME) Fink and Co (ADDRESS) Festus, Mo
20. FILED 12/18 1938 J. E. Rutledge Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-16 1938
22. I HEREBY CERTIFY, That I attended deceased from 12-12 1938, to 12-16 1938
I last saw her alive on 12-16 1938. Death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset Dec 7

Other contributory causes of importance: DB

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) A. P. Smith, M. D.
(Address) Festus Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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, Elena Ponnie, or by ——

Registered Apprentice No. ——, working under my personal supervision.

Signed Elena Ponnie

Licensed Embalmer No. 3403

P. O. Address Festus 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, above space should be left blank.