

FILED MAR 14 1944

Registration District No. 217

Primary Registration District No. 3045

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Mississippi

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

(c) Name of hospital or institution: 306 Hager St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 years
(Specify whether years, months or days)

In this community 15 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi

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

(d) Street No. 306 Hager St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Sarah Thomas

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

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

7. Birth date of deceased January 3, 1881
(Month) (Day) (Year)

8. AGE: Years 63 Months 1 Days 15 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business

12. Name Ernest Mitchell

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

14. Maiden name Unknown

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

16. (a) Informant York Bailey

(b) Address 1399 South St. Memphis, Tenn

17. (a) Burial (b) Date thereon Feb. 20, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Charleston Cemetery, Oak Grove

18. (a) Signature of funeral director F. J. Sparks

(b) Address Cape Girardeau, Mo.

19. (a) 3/1/44 (b) Mrs. Lon Moore
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 18
year 1944 hour 4:00 minute A. M.

21. I hereby certify that I attended the deceased from 2-8- 1944 to 2-17- 1944
that I last saw her alive on 2-17- 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia 9 day

Due to Influenza 3 wks.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 33a

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 fall

23. Signature W. A. Fungel (M. D. or other)

Address 204 S. Locust St. Charleston, Mo. Date signed 2-15-44

Duration

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Office No. 2,

District File Number 344-423

Date Filed 3-6-44

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 Frank Spahr.....

Licensed Embalmer No. 3453.....

P. O. Address Pepe Boulevard.....

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.