

FILED MAR 21 1946

Registration District No. \_\_\_\_\_

Primary Registration District No. 304

Registrar's No. 75

1. PLACE OF DEATH

(a) County Cole  
(b) City or town Jefferson City  
(c) Name of hospital or institution: St. Marys Hospital  
(d) Length of stay: In hospital or institution 2 days  
In this community 2 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole  
(c) City or town Jefferson City  
(d) Street No. St. Marys Hospital  
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Chole L. Sartain

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 4 1946

8. AGE: Years \_\_\_\_\_ Months 2 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Jefferson City, Mo.

10. Usual occupation Child

11. Industry or business \_\_\_\_\_

12. Name Thelma Sartain

13. Birthplace Centerton, Mo.

14. Maiden name Thelma M. Hanna

15. Birthplace Centerton, Mo.

16. (a) Informant Thelma Sartain

17. (a) Burial (b) Date thereof 3-18-46

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

18. (a) Signature of funeral director James Harris

(b) Address 700 1/2 N. 1st

19. (a) 3-18-46 (b) R. P. Harris

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6 year 1946 hour 1 minute 35 P.

21. I hereby certify that I attended the deceased from March 4 1946 to March 6 1946 that I last saw her alive on March 4 1946 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to Meningitis Duration 2 days

Due to Neuramionia trini Duration 2 days

Other conditions \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy 1600

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? \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

23. Signature J. Kanagawa (M. D. or other) m.D.

Address 1. Ballman Date signed 3/11/46

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

6  
5  
4

1000

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 3-19-46

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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, or by.....

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

*Body was not embalmed.* Signed.....  
..... Licensed Embalmer No.....  
..... P. O. Address.....

**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.**