

APR 20 1939

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

11518
Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 547
 (b) Township Marion Primary Registration District No. 3079 Registered No. 84
 (c) City Hannibal (d) Street No. Levering Hospital 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.

2. PRINT FULL NAME Joel F. Thrasher

(a) Residence, No. 209 South Locust St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fannie L. Thrasher
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 30, 1863
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 75 9 27

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 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) (STATE OR COUNTRY) Lewis County Missouri

FATHER 13. NAME Joel Thrasher
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palmyra Missouri

MOTHER 15. MAIDEN NAME Caroline Miller
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palmyra Missouri

17. INFORMANT (ADDRESS) Mrs. Thrasher 209 South Locust

18. BURIAL, CREMATION, OR REMOVAL PLACE Gr. Grandview DATE 3/1/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Smith Funeral Home 592 Broadway

20. FILED 3/3 1939 H. C. Fisher Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 27, 1939

I HEREBY CERTIFY That I attended deceased from Jan 1935 to Feb 27 1939

I last saw him alive on Feb 27 1939 Death is said to have occurred on the date stated above, at 2:00 P.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis
93 St

Other contributory causes of importance: Enlarged Prostate

Name of operation Prostatic Resection Date of Jan 1939
 What test confirmed diagnosis? Was there an autopsy? NO

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? No
 (Signed) H. C. Fisher, M. D.
 (Address) 592 Broadway

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.

Dr. Thrasher

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.....

..... Louis Quest, Registered Apprentice No. 150,
working under my personal supervision.

Signed Crawford Smith

Licensed Embalmer No. 3814

P. O. Address 902 Broadway

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.