

1939 JUL 15 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

22307
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 398
 (b) Township 3 LAAC Primary Registration District No. 3559
 (c) City Independence (d) Street No. 418 So. Forest 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. da. 7 yrs. mos. da. 11 mos. da. 10 da.
 (If death occurred in U. S., if of foreign birth? yrs. mos. da.)

2. PRINT FULL NAME

(a) Residence, No. 418 So. Forest 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 Richard E. Thrasher
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar-16, 1876
 7. AGE YEARS 63 MONTHS 3 DAYS 24
 IF LESS than 1 day,hrs. ormin.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
 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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10, 1939
 22. I HEREBY CERTIFY, That I attended deceased from January 31, 1938, to June 10, 1939
 I last saw him alive on June 10, 1939. Death is said to have occurred on the date stated above, at 11:15 A.M.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Chronic Gastritis

Date of onset
1936

Other contributory causes of importance:

Acute Cholecystitis
(Cholecystectomy in March 1939)

Name of operation Date of
 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
 If so, specify
 (Signed) Dr. J. J. Zammarano

360 (Address) 209 1/2 W. Walnut, Indep., Mo.

12. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Carroll County, Missouri
 FATHER 13. NAME Charles E. Parker
 14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Carroll County, Missouri
 MOTHER 15. MAIDEN NAME Katherine Jeffries
 16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Missouri
 17. INFORMANT (NAME) Richard E. Thrasher
 (ADDRESS) 418 So. Forest
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Kingston, Mo DATE June 12, 1939
 19. FUNERAL DIRECTOR (NAME) George C. Carson
 (ADDRESS) Independence, Mo.
 20. FILED June 15, 1939 F. L. Cook
 Local Registrar.

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.

1 X18605

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.....

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, above space should be left blank.