

DESD OCT 12 1939

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

31872
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
(b) Township St. Joseph Primary Registration District No. 1001 Registered No. 912
(c) City St. Joseph (d) Street No. St. Joseph's 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

(a) Residence, No. 310 Raymond J. Thorp Halls, Mo. St. Halls, Mo.
(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 MALE 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 22nd 1918
7. AGE YEARS 21 MONTHS 1 DAYS 12 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. FARMER
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) Highland KAN.
13. NAME E. F. Thorp (Edward)
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Highland KAN.
15. MAIDEN NAME MABEL R. Gordon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Highland KAN.
17. INFORMANT (ADDRESS) E. F. Thorp (Edward)
1321 E. Brush Creek Kansas City, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Highland, Mo. DATE Sept. 6th 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) ELEEMAN & SON, INC.
1946 Calhoun St. Joseph, Mo.
20. FILED 9-6-39 A. J. Hestebush Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 4th 1939
22. HEREBY CERTIFY, That I attended deceased from Sept 2nd 1939 to Sept 4th 1939
I last saw him alive on Sept 4th 1939. Death is said to have occurred on the date stated above, at 11:30 A.M.
The principal cause of death and related causes of importance were as follows:
Peritonitis, general, due to ruptured typhus. Date of onset 9/2/39
2-10 IV.
Other contributory causes of importance:
Compound comminuted fractures of both tibiae + fibulae. Date of injury 9/2/39
Name of operation Reduction of fractures Date of 9/4/39
What test confirmed diagnosis? autopsy Was there an autopsy? yes
23. If death was due to external cause (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 9/2/39
Where did injury occur? Buchanan County, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Highway
Manner of injury struck by automobile
Nature of injury Fractures of legs + abdominal injury
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify M. H. Galt M. D.
(Signed) Corby P. Galt (Address) St. Joseph, Mo.

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.

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.