

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

Rev. 5-17-39  
1 X1951

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.

DEC 1 1939  
REG 556  
Registration District No. **556**

Primary Registration District No. **4328**

Registrar's No. **56**

1. PLACE OF DEATH:  
(a) County Mercer  
(b) City or town (Rural) Princeton, Mo.  
(c) Name of hospital or institution: 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Jessie Thogmartin  
3. (b) If veteran \_\_\_\_\_  
3. (c) Social Security name war \_\_\_\_\_ No. \_\_\_\_\_

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Garrett Thogmartin  
6. (c) Age of husband or wife if alive 65 years  
7. Birth date of deceased May 3 1880  
(Month) (Day) (Year)

8. AGE: Years 59 Months 5 Days 28  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Princeton Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name Wm Rathbun  
13. Birthplace unknown  
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Morgan  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mayne Thogmartin

(b) Address Grandview Ind.

17. (a) Princeton (b) Date thereof Nov. 2, 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Princeton

18. (a) Signature of funeral director Paul Mage

(b) Address Princeton Mo

19. (a) 11-39 (b) J M Petty  
(Date received local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Massachusetts (b) County Worcester  
(c) City or town Princeton  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day four  
year 1939 hour 10 minute A M.

21. I hereby certify that I attended the deceased from Oct 15, 1939, to Nov 2, 1939  
that I last saw h. or alive on Oct 15, 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion  
Duration 1/2-1 day

Due to \_\_\_\_\_  
Due to Chronic nephritis 5 yrs

Other conditions X  
(Include pregnancy within 3 months of death)

Major findings: 131  
Of operations XX

Of autopsy XX

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 \_\_\_\_\_

23. Signature E A Stacy (M. D. or other) 1  
Address Princeton Mo Date signed Nov 2 39

**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

*Paul Mass*

Licensed Embalmer No.

*2634*

P. O. Address

*Princeton Mo.*

**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.**