

JAN 18 1939

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

44288  
Do not use this space.

1. PLACE OF DEATH

(a) County Pettis 2 Registration District No. 648  
(b) Township \_\_\_\_\_ Primary Registration District No. 3032  
(c) City Sedalia 1 (d) Street No. \_\_\_\_\_ 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

Mrs. Thuston  
(a) Residence, No. Hughsville 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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 22 1915  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 24 9 26  
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. laborer.  
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) Sedalia Mo.  
FATHER 13. NAME Will Thuston  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan County Mo.  
MOTHER 15. MAIDEN NAME Viola Taylor  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettis County Mo.  
17. INFORMANT (ADDRESS) Will Thuston  
Hughsville  
18. BURIAL, CREMATION, OR REMOVAL PLACE Brendon DATE Dec 21 1939  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Rice & Osborn  
400 W Cooper  
20. FILED 12-21-1939 Mrs. Harry Sneed  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-18-1939  
22. I HEREBY CERTIFY, That I attended deceased from 12-16-1939, 1939, to 12-18-1939, 1939  
I last saw h./M. alive on 12-18-1939, 1939. Death is said to have occurred on the date stated above, at 7 A. M.  
The principal cause of death and related causes of importance were as follows:  
Date of onset \_\_\_\_\_  
Gunshot wound of liver & stomach  
Other contributory causes of importance: Hemorrhage  
Name of operation Exploratory Date of 12-19-39  
What test confirmed diagnosis Chemo Was there an autopsy? No  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide accident Date of injury 12-16-1939  
Where did injury occur? Sedalia Mo  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. Home  
Manner of injury Gunshot  
Nature of injury Gunshot  
24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) A. L. Maddox M. D.  
(Address) 116 S. W. Main

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.

RECEIVED  
District Health Officer No. 84  
Date Filed 11/2/40  
District File Number

**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, .....

Russ Alexander ....., or by .....

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

Signed Russ Alexander .....

Licensed Embalmer No. 3572 .....

P. O. Address Sedalia 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.**