

Registration District No. 467

Primary Registration District No. 4280

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Aurora
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
421 Rook St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. # 1
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Not Named. THOGMARTIN 256
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 4 hr. _____ min.

9. Birthplace Aurora Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name Loyd Thogmartin
13. Birthplace McDonald County Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Eva Sikes
15. Birthplace ? Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Loyd Thogmartin
(b) Address Aurora Mo. R.F.D. # 1

17. (a) Burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Marionville Missouri

18. (a) Signature of funeral director J. F. King
(b) Address Aurora Mo.

19. (a) 2-8-40 (b) R. D. Cowan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 6 year 1940 hour 9 minute 30 A.M.
21. I hereby certify that I attended the deceased from 5:30 A.M. Feb 6 1940 to 9:30 A.M. 1940
and that death occurred on the date and hour stated above.
that I last saw him alive on Feb 6 1940

Immediate cause of death Premature Birth Duration 4 hrs
Due to 6 1/2 mo. 154
Due to _____

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

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

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 J. M. D. Smith (M. D. or other) _____
Address 101 W. Pleasant Date signed 2/6/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

530819

93.3 pm

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.