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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 6 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19011

Registration District No. 566 Primary Registration District No. 3030 Registrar's No. 72

1. PLACE OF DEATH:
(a) County: Mississippi
(b) City or town: Charleston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 300 Cypress Street
(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)
In this community: 5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Miss.
(c) City or town: Charleston
(If outside city or town limits, write "RURAL")
(d) Street No.: 300 E. Cypress Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Colet Pliny Thogmorton 256
3. (b) If veteran, name war: X X X
3. (c) Social Security No.: X X X
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Betty Lou Thogmorton
6. (c) Age of husband or wife if alive: 51 years
7. Birth date of deceased: May (Month) 4 (Day) 1883 (Year)
8. AGE: Years 57 Months 0 Days 11 If less than one day ____ hr. ____ min.
9. Birthplace: Paris (Henry Co.) (City, town, or county) Tennessee (State or foreign country)
10. Usual occupation: Methodist Minister
11. Industry or business: Church
FATHER 12. Name: Pleasant Green Thogmorton
13. Birthplace: Henry Co. (City, town, or county) Tennessee (State or foreign country)
MOTHER 14. Maiden name: Catherine Mabry
15. Birthplace: Henry Co. (City, town, or county) Tennessee (State or foreign country)
16. (a) Informant: Mrs. C.P. Thogmorton
(b) Address: Charleston, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-17-40 (Month) (Day) (Year)
(c) Place: burial or cremation: Lewisburg Tennessee
18. (a) Signature of funeral director: Lair-Nunnelee Service
(b) Address: Charleston, Mo. 745
19. (a) 5-18-40 (Date received local registrar) (b) F. D. Vernon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1940 hour 4 minute 50 P.M.
21. I hereby certify that I attended the deceased from Feb. 1940, to May 15, 1940; that I last saw him alive on May 15, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hodgkins Disease	D.K.
Due to:	
Due to:	
Other conditions: Secondary Anemia (Include pregnancy within 3 months of death)	2 mo.
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: C. Chas. Rolving (M. D. or other)
Address: Charleston, Mo Date signed 5/15/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 2
District File Number 640-1102
Date Filed 6/5/40

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 John P. Nunnelee Jr
Licensed Embalmer No. 3851
P. O. Address Charleston 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.