

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

1. PLACE OF DEATH:

(a) County Maries

(b) City or town Rural, Boone Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2
(Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Maries

(c) City or town Rural Boone Twp
(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.? L years.

3. (a) PRINT FULL NAME Charles J Thein 500

(b) If veteran, name war L

(c) Social Security No. L

20. DATE OF DEATH: Month July day 2
year 1940 hour 6:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from June 11, 1940 to July 1, 1940
that I last saw him alive on July 1, 1940
and that death occurred on the date and hour stated above.

4. Sex m 5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Hinda Thein

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec 4 1871
(Month) (Day) (Year)

Immediate cause of death Mitral insufficiency and cardiac enlargement

Due to _____

8. AGE: Years 68 Months 6 Days 28 If less than one day hr. X min.

Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Rich fountain MO
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Major findings: Of operations X

Of autopsy X

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business 6

12. Name John Thein

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name L

15. Birthplace L
(City, town, or county) (State or foreign country)

16. (a) Informant Hazel Gremp

(b) Address Vicenna, Mo

17. (a) July 4-1940 (b) Date thereof 7-4-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graysville, Mo

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) X

(b) Date of occurrence X

(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? X

18. (a) Signature of funeral director Wm W. Birmingham

(b) Address Vicenna, Mo

19. (a) July 3 (b) Mrs Rosa Lawson
(Date received by registrar) (Registrar's signature)

While at work? X (Specify type of place)

(e) Means of injury X

23. Signature Donley Gates (Date of or other) Do

Address Brinktown, Mo Date signed 7-3-40

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.....

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.