No. 2
1-10-39
17-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 16 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28141

Registration District No. 1111 Primary Registration District No. 5160 Registrar's No.

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town ~~Cemetery Lot Leigh Cleveland~~ (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 — (Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Callaway

(c) City or town near Leigh (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.

8. (a) PRINT FULL NAME Elizabeth Ann Threlkeld

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John L. Threlkeld

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

7. Birth date of deceased July (Month) 14 (Day) 1844 (Year)

8. AGE: Years 96 Months 1 Days 3 If less than one day — hr. — min.

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

10. Usual occupation None

11. Industry or business None

FATHER
12. Name Wm Shrupshire
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Nye
15. Birthplace (City, town, or county) DC (State or foreign country) 9

16. (a) Informant Mrs Mary Ramsey
(b) Address Stephens, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 19, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Fulleerburg, Mo

18. (a) Signature of funeral director Leon Wallace
(b) Address Fulton, Missouri

19. (a) Aug 21, 1940 (Date received local registrar) (b) B. H. Stephens (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 17th year 1940 hour 6 minute — A.M.

21. I hereby certify that I attended the deceased from July 5th, 1940, to Aug, 19—; that I last saw him alive on Aug 8th 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Senile Arteriosclerosis	
Due to Senility	
Due to	
Other conditions None (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? (Specify type of place)
While at work? (e) Means of injury

23. Signature G. A. Bradford (M. D. or other)
Address Columbia Mo. Date signed Aug 15th

(Licensed Embalmer's Statement on Reverse Side)

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 James A. Mudd

Licensed Embalmer No. 4152

P. O. Address Fulton, 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.