DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32513

Registration District No. 5-39 FILED OCT 18 1940

Primary Registration District No. 6229

Registrar's No. 49

1. PLACE OF DEATH:

(a) County Madison

(b) ~~City or town~~ Rural Big Creek
(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
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison

(c) City or town Buckhorn Mo
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Big Creek
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME ROBERT THOMAS THARP

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Eunice Tharp

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased Feb 14 (Month) 1884 (Day) (Year)

8. AGE: Years 56 Months 7 Days — If less than one day hr. min.

9. Birthplace Madison Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

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

MOTHER
14. Maiden name Mary Tripp
15. Birthplace Henderson Co (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant's own signature Charles Hovis
(b) Address Fredericktown Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 15 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Buckhorn Mo

18. (a) Signature of funeral director None
(b) Address

19. (a) Sept 15 1940 (Date received local registrar) (b) S. C. S. Laughter (Registrar's signature)
By C. H. Schwarz

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 14 year 1940 hour 7 minute P M.

21. I hereby certify that I attended the deceased from June, 1940, to Sept 7, 1940 that I last saw him alive on Aug 3, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	unknown
Due to	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature S C Slaughter (M. D. or other)
Address Date signed 9/14/40

(Licensed Embalmer's Statement on Reverse Side)

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.

Rev. 5-17-39 I X19511

JUL 24 1952

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.