

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33289

Registration District No. 826

Primary Registration District No. 6087

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Shelby
(b) City or town Rural
(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
In this community 13 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby
(c) City or town Rural Bethel Township
(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.

3. (a) PRINT FULL NAME John W. Thrasher

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 Widowed

6. (b) Name of husband or wife Cornelius E.F.F. Thrasher 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 22 1849
(Month) (Day) (Year)

8. AGE: Years 91 Months 1 Days 11 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business Farmer + Stockman

12. Name Steve Thrasher

13. Birthplace NOT KNOWN
(City, town, or county) (State or foreign country)

14. Maiden name NOT KNOWN

15. Birthplace NOT KNOWN Delaware
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ernest Thrasher

(b) Address Newark, Mo.

17. (a) burial (b) Date thereof Sept 5-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shiloh

18. (a) Signature of funeral director W. Musgrave
(b) Address Bethel, Missouri

19. (a) Sept 4, 1940 (b) Mrs W. Musgrave
(Date of burial) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3rd
year 1940 hour 9: minute 10 A M.

21. I hereby certify that I attended the deceased from Sept 2
_____ 1940 to Sept 3 1940
that I last saw him alive on Sept 3 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Uremia Poisoning Duration 1 week

Due to Chronic Nephritis

Due to _____
Other conditions Senility 12/1
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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? _____

23. Signature Waldo B Jones (Specify type of place) _____
Address Newark Mo Date signed 9/3/40

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

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RECEIVED

District Health Officer No. 10

District File Number 10-40-1865-

Date Filed OCT 8 1940

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 _____

Self, Registered Apprentice No. _____,
working under my personal supervision.

Signed _____

Licensed Embalmer No. 2719

P. O. Address Bethel Me

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.