

DEC 16 1940

Registration District No. **609**

Primary Registration District No. **5808**

Registrar's No. **142**

1. PLACE OF DEATH:  
(a) County **NEWTON MO**  
(b) City or town **NEOSHO - 7 1/2 MI N-WEST**  
(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 **1 YEAR** years, months or days (Specify whether) **Y**

3. (a) PRINT FULL NAME **MARTIN THORSELL**  
3. (b) If veteran, name war **NO** 3. (c) Social Security No **49-14-654**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**  
6. (b) Name of husband or wife **MARTHA THELMA THORSELL** 6. (c) Age of husband or wife if alive **44** years  
7. Birth date of deceased **JANUARY 10 1877**  
(Month) (Day) (Year)

8. AGE: Years **63** Months **10** Days **18** If less than one day hr. min.

9. Birthplace **WILSON COUNTY KANSAS**  
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name **ADOLPH THORSELL**  
13. Birthplace **STOCKHOLM SWEDEN**  
(City, town, or county) (State or foreign country)  
14. Maiden name **EMMA PETERSON**  
15. Birthplace **STOCKHOLM SWEDEN**  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Martha Thelma ThorSELL**  
(b) Address **NEOSHO, MO RT. 1**

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **DEC 1, 1940**  
(Month) (Day) (Year)

(c) Place: burial or cremation **GIBSON CEMETERY**

18. (a) Signature of funeral director **Carley Thompson**  
(b) Address **Neosho Mo.**

19. (a) **12-3-40** (Date received local registrar) (b) **Orval R. Ballew** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **MISSOURI** (b) County **NEWTON**  
(c) City or town **7 1/2 MI NORTH WEST NEOSHO**  
(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.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **NOVEMBER** **29**  
year **1940** hour **3** minute **AM**

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him **alive on November 29, 1940**  
and that death occurred on the date and hour stated above.  
Immediate cause of death **No Physician in charge. Died suddenly; probably heart disease.**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (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?  
**5** While at work. (Specify type of place) **5** (e) Means of injury \_\_\_\_\_  
23. Signature **J. P. Reynolds** (Physician)  
Address **Neosho Mo** Date signed **12-2**

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically

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.

RECEIVED

District Health Officer No. 0,

District File Number, 1240-3008

Date Filed -----  
DEC 13 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.....

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

Signed..... *Gail R Gay* .....

Licensed Embalmer No. 4155

P. O. Address..... *Wesley, 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.