

No. 2
-13-40
17-39
X2315

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43556
Registrar's No. 512

JAN 25 1941
Registration District No. 701

Primary Registration District No. 4422

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

1. PLACE OF DEATH:
(a) County Polk
(b) City or town Bolivar
(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
In this community Practically all his life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Orlando M Thralls
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 Rena Thralls 6. (c) Age of husband or wife if alive 66 years
7. *Birth date of deceased January 16 1885
(Month) (Day) (Year)

8. AGE: Years 75 Months 11 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation Stockdealer

11. Industry or business _____

MOTHER FATHER
12. Name Isaac Thralls
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name not known
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Rena Thralls
(b) Address Bolivar Missouri

17. (a) Burial (b) Date thereof Dec 22, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director W. Hutchins & Co.
(b) Address Bolivar Missouri

19. (a) 12/20 (b) J. F. Roberts
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Polk
(c) City or town Bolivar
(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 Dec day 19
year 1940 hour 5:15 minute P. M.

21. I hereby certify that I attended the deceased from Nov 1, 1940
to Dec 19, 1940
that I last saw him alive on Dec 19, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombophages

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? _____

6:30
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature J. H. Pridgen (M. D.)
Address Bolivar, Mo Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7;
District File Number 1-41-148
Date Filed 1-14-41

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

Signed

Bert Legan

Licensed Embalmer No.

3979

P. O. Address

Bolivar 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, fact should be so stated above.