No. 2
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X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED OCT 10 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31083

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. [illegible]

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph O. R.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 days (Specify whether
In this community 18 da.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Worth 1/3
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Grant City, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME JCH Clyde THRASHER
3. (b) If veteran, name war —
3. (c) Social Security No. none
4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Laura Thrasher
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased Nov (Month) 7 (Day) 1878 (Year)

8. AGE: Years	Months	Days	If less than one day
62	10	6	hr. min.

9. Birthplace Unknown (City, town, or county) Mo. D (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name William Davis Thrasher
13. Birthplace Unknown (City, town, or county) Indiana (State or foreign country)
MOTHER
14. Maiden name Isabelle Corbett
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Rex Thrasher
(b) Address Allendale, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-13-41 (Month) (Day) (Year)
(c) Place: burial or cremation Denver, Mo.
18. (a) Signature of funeral director Arch C. Dunfee
(b) Address Grant City, Mo.
19. (a) Sept. 13, 1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13
year 1941 hour 12 minute 15 a. M.
21. I hereby certify that I attended the deceased from Aug 26, 1941, to Sept 13, 1941;
that I last saw him alive on Sept 12, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Adeno-carcinoma of Stomach Grade II	
Due to Pyloric obstruction	
Hemorrhage - severe	46 B
Due to	
Other conditions Pneumonia post operative (Include pregnancy within 3 months of death)	9-3-41
Thrombosis of right iliac vein	
Major findings: Of operations Pyloric obstruction large ulcer with carcinomatous change	
Of autopsy Pneumonia bilateral Thrombosis of right iliac vein	

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 0
23. Signature S. E. Senor M.D. (M. D. or other) M.D.
Address St Joseph, Mo. Date signed 9-13-41

(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 Arch C. Dunlee

Licensed Embalmer No. 3252

P. O. Address Grant City, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.