

FILED OCT 13 1941

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 895

Primary Registration District No. 6197

Registrar's No. 6

1. PLACE OF DEATH:

- (a) County Wayne
 (b) City or town keeper
 (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 neither
 (Specify whether
 In this community years
 years, months or days)

3. (a) PRINT FULL NAME

MARY M. THORSLAND

3. (b) If veteran,

name war

None

3. (c) Social Security

No.

4. Sex

Female

5. Color or

race White

6. (a) Single, widowed, married,

divorced Widowed

6. (b) Name of husband or wife

William Thorsland

6. (c) Age of husband or wife if

alive _____ years

7. Birth date of deceased

June
(Month)1st
(Day)1850
(Year)

8. AGE:

Years

Months

Days

If less than one day

91210

hr.

min.

9. Birthplace

Tennessee
(City, town, or county)Tennessee
(State or foreign country)

10. Usual occupation

HOUSEWORK

11. Industry or business

HOUSEWIFE

MOTHER FATHER

12: Name

William Waxton

13: Birthplace

TENNESSEE
(City, town, or county)Tennessee
(State or foreign country)

14: Maiden name

UNKNOWN

15: Birthplace

UNKNOWN
(City, town, or county)0
(State or foreign country)

16. (a) Informant

Personal

(b) Address

17. (a)

BURIAL
(Burial, cremation, or removal)

(b) Date thereof

Aug 12 '41
(Month) (Day) (Year)

(c) Place: burial or cremation

Cedar Bay Cemetery

18. (a) Signature of funeral director

(b) Address

19. (a)

10-5-1941
(Date received local registrar)

(b)

Helen Peterson
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Wayne
 (c) City or town keeper
 (If outside city or town limits, write "RURAL")
 (d) Street No. keeper
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 11
 year 1941 hour 5.30 minute _____ P. M.

21. I hereby certify that I attended the deceased from July 30
1941, 19 _____ to July 30, 1941
 that I last saw h. alive on _____ 19 _____
 and that death occurred on the date and hour stated above.

Immediate cause of death

Injured
hip - old age
adcomp. heart - arterio
sclerosis

Duration

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 sta-
 tistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence 111
 (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?

While at work? _____

(Specify type of place)

(e) Means of injury

23. Signature

Address

M. D. or other

Date signed

(Licensed Embalmer's Statement on Reverse Side)

Aug 26 '41

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

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

Norman W. Gish

Licensed Embalmer No.

3387

P. O. Address

Pulmonet N

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.