

JAN 10 1942
Registration District No. **40**

Primary Registration District No. **4024**

Registrar's No. **52**

1. PLACE OF DEATH:
 (a) County **Barton**
 (b) City or town **Lamar**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Bickel Hospital**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1 day**
(Specify whether years, months or days)
 In this community **4 years**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Barton**
 (c) City or town **Lamar (Rural)**
(If outside city or town limits, write "RURAL")
 (d) Street No. **RFD #2**
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME **BERTHA ELLEN THRASHER**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **December** day **31**
 year **1941** hour **10** minute **15 P M.**
 21. I hereby certify that I attended the deceased from **Dec. 30th**
 19**41** to **December 31, 1941**
 that I last saw him alive on **December 31, 1941**
 and that death occurred on the date and hour stated above.

4. Sex **Female** / 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Single**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **January 12 1895**
(Month) (Day) (Year)

Immediate cause of death **Coronary Occlusion**
 Duration _____
 Due to _____
 Due to _____

8. AGE: Years Months Days If less than one day
46 11 19 hr. _____ min.

Other conditions **g4a**
(Include pregnancy within 3 months of death)

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

10. Usual occupation **At home**

11. Industry or business _____

MOTHER FATHER { 12. Name **Jesse H. Thrasher**

13. Birthplace **Bowen, Illinois**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary E. Demmitt**

15. Birthplace **Mt. Pulaski, Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mary E. Thrasher**

(b) Address **Lamar, Mo., R2**

17. (a) **Burial** (b) Date thereof **Jan 3 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Garden City, Kansas.**

18. (a) Signature of funeral director **KONANTZ FUNERAL HOME**

(b) Address **Lamar, Missouri.**

19. (a) **Jan-1-1941** (b) **Mary Josephine Demmitt**
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____
 Of autopsy _____
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?

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature **Thos. J. Miller** (M. D. or other) _____
 Address **Lamar Mo.** Date signed **1-1-42**

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

RECEIVED

District Health Officer No. 6,

District File Number 142-40

Date Filed JAN 6 1942

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.....

Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri,

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.