

**FILED MAR 5 1942**  
Registration District No. **4402**

Primary Registration District No. **3021**

49  
6  
2  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County: **Jasper**

(b) City or town: **Webb City,**  
(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: **50 Years**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Missouri** (b) County: **Jasper**

(c) City or town: **Webb City, Missouri**  
(If outside city or town limits, write "RURAL")

(d) Street No. **113 North Roane**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME: **Vance R. Thralls**

3. (b) If veteran, name war: **World War**

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **13**  
year **1942** hour **9** minute **15 A.M.**

4. Sex: **Male** (D) 5. Color or race: **White**

6. (a) Single, widowed, married, divorced: **Married**

6. (b) Name of husband or wife: **Lula Thralls**

6. (c) Age of husband or wife if alive: \_\_\_\_\_ years

7. Birth date of deceased: **February 7, 1891**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **2-4**, 1942, to **2-13**, 1942, that I last saw him alive on **2-12-42** and that death occurred on the date and hour stated above.

8. AGE: Years **51** Months **no** Days **6**  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death: **Chronic embolism**

Due to: **specific infection starting in 1929**

Due to: \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

MOTHER FATHER

9. Birthplace: **Butler, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation: **Salesman and Time Keeper**

11. Industry or business: **Camp Crowder**

12. Name: **Richard Thralls**

13. Birthplace: **Unknown Indiana**  
(City, town, or county) (State or foreign country)

14. Maiden name: **Helen Evans**

15. Birthplace: **Unknown Iowa**  
(City, town, or county) (State or foreign country)

16. (a) Informant: **Lula Thralls (widow)**

(b) Address: **Webb Cnty, Missouri**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof: **2/16/42**  
(Month) (Day) (Year)

(c) Place: burial or cremation: **Mt. Hope Cemetery**

18. (a) Signature of funeral director: **Hedge-Nelson**

(b) Address: **Webb City, Missouri**

19. (a) **2/16/42** (Date received local registrar)

(b) **J. M. Hilliard** (Registrar's signature)

Major findings: **92d**

Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

Duration \_\_\_\_\_

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: **Mr. D. Laughter** (M. D. or other)

Address: **Webb City, Mo.** Date signed: **2-13-42**

1180

42-1-114

MAR 2 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..... *C. H. Hedge* .....

Licensed Embalmer No. *6859* .....

P. O. Address *Madison City, Miss.* .....

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.