DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 6 1942

Registration District No. 5 [illegible]

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4323

14939

State File No.

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Marion.

(b) City or town Palmyra.
(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 (Specify whether
In this community Lifetime.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion.

(c) City or town Palmyra.
(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.

3. (a) PRINT FULL NAME Omer F. Threlkeld

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 Josie Hirner Threlkeld

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

7. Birth date of deceased May - (Month) 2nd. (Day) 1882. (Year)

8. AGE: 60 Years | Months 11 | Days 13 | If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name John Threlkeld
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Bell Ralls.
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Josie Threlkeld
(b) Address Palmyra Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-18-1942. (Month) (Day) (Year)
(c) Place: burial or cremation Palmyra, Mo.

18. (a) Signature of funeral director E. J. Sprague
(b) Address Palmyra, Mo.

19. (a) 4/18/42 (Date received local registrar) (b) Mrs Margaret Maddox Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15
year 1942 hour 10 minute 9 M.

21. I hereby certify that I attended the deceased from Mch 12, 1942, to April 15, 1942, that I last saw him alive on April 14, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Hemiplegia — Duration 35 days

Due to Cerebral Hemorrhage

Due to

Other conditions (Include pregnancy within 3 months of death) 43a

Major findings:
Of operations

Of autopsy No

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

23. Signature V. G. Clovells (M. D. or other)
Address Palmyra Mo Date signed 4/18/42

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 1 X19511

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 B. J. Sprague

Licensed Embalmer No. 3245

P. O. Address Palmyra 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, above space should be left blank.