WRITE PLAINLY, WITH UNFADING INK—THIS IS 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.

FILED MAR 11 1943

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6276

Do not use this space.

36 4 0

1. PLACE OF DEATH
(a) County Franklin — Registration District No. 114 — 36
(b) Township Meramec — Primary Registration District No. 4186 — 4 0 — Registered No. 10
or
(c) City Sullivan, Mo — (d) Street No. 1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Thatcher
(a) Residence, No. Sullivan, Mo. St. 0
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 0
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) / Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Florence N. Thatcher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 9th, 1862

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
80	2	00	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois /

FATHER
13. NAME William Thatcher.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio /

MOTHER
15. MAIDEN NAME Mary Falkner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio /

17. INFORMANT (ADDRESS) Chas. Thatcher Sullivan, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bourbon, Mo. DATE Feb. 11th. 1943

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J.T. Williams Sullivan, Mo.

20. FILED 3/11 1943 Gilbert Gilhaus
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 9th. 1943

22. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1943, to Feb 9, 1943
I last saw him alive on Jan 29, 1943 Death is said to have occurred on the date stated above, at 3 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
chronic pyelonephritis	1940
133a	
Other contributory causes of importance: Hypertrophy of prostate gland	1930

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C A Crastor, M. D.
(Address) Sullivan Mo

1121

(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 J. T. Williams

Licensed Embalmer No. 427

P. O. Address Sullivan, 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.