S. No. 2
I—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6521

Registration District No. 1471 Primary Registration District No. 5551 Registrar's No. 15

46 0 0

1. PLACE OF DEATH:
(a) County HOWELL
(b) City or town "RURAL" HOWELL TWP.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: WEST PLAINS, RURAL ROUTE 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NO (Specify whether years, months or days)
In this community 35 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County HOWELL
(c) City or town "RURAL"
(If outside city or town limits, write "RURAL")
(d) Street No. GAINESVILLE ROUTE, WEST PLAINS,
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME GEORGE DOUGLAS THARP
3. (b) If veteran, name war NO.
3. (c) Social Security No. NONE

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife BESSIE PRESLEY THARP
6. (c) Age of husband or wife if alive years
7. Birth date of deceased MARCH (Month) 18 (Day) 1860 (Year)

8. AGE: Years 82 Months 10 Days 20 If less than one day hr. min.

9. Birthplace HAMILTON CO. (City, town, or county) ILL. (State or foreign country)
10. Usual occupation FARMER
11. Industry or business
12. FATHER Name JOSEPH THARP
13. FATHER Birthplace — (City, town, or county) IND. (State or foreign country)
14. MOTHER Maiden name UNKNOWN
15. MOTHER Birthplace " (City, town, or county) " (State or foreign country)
16. (a) Informant MRS. STELLA EMERY (DAUG.)
(b) Address KOSHKONONG, MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB. 12 1943 (Month) (Day) (Year)
(c) Place of burial or cremation OAK LAWN CEM. WEST PLAINS, MO.
18. (a) Signature of funeral director Hal Thornburgh
(b) Address WEST PLAINS, MO.
19. (a) 2-17-43 (Date received local registrar) (b) Hal Thornburgh (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 8, year 1943 hour 1: minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov. 4" 1942, 19 to Feb. 18" 1943., 19; that I last saw him alive on Feb. 18" 1943., 19; and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure. And Mitral regurgitation with Auricular-fibrilation. — Duration
Due to severe Arteriosclerosis
Due to senility, mostly.
Other conditions X
(Include pregnancy within 3 months of death)
Major findings:
Of operations X
Of autopsy none

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 R. A. Sparks (M. D.)
Address West Plains, Mo. Date signed 2/17/43

1123 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5
District File Number 343133
Date Filed 3-5-43

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 Hal Thornburgh

Licensed Embalmer No. 3408

P. O. Address WEST PLAINS, 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, fact should be so stated above.