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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

38235

State File No.

Registration District No. ~~SE~~ 128 Primary Registration District No. 5466 Registrar's No. 931

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield, Rural S. Campbell Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 26
MEDICAL CENTER FOR FEDERAL PRISONERS
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Yr. 7 Mos. 26 da (Specify whether years, months or days)

In this community 1 Yr. 7 Mos. 26 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Cook

(c) City or town Chicago
(If outside city or town limits, write "RURAL")

(d) Street No. Street address unk.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

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0
0

3. (a) PRINT FULL NAME THRASHER, Jelks Leroy

3. (b) If veteran, name war Unk.

3. (c) Social Security No. Unk.

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced Unk.

6. (b) Name of husband or wife Unk.

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

7. Birth date of deceased October (Month) 17 (Day) 1881 (Year)

8. AGE: Years 62 Months 0 Days 29 If less than one day hr. min.

9. Birthplace Quitman, (City, town, or county) Georgia. (State or foreign country)

10. Usual occupation nurse and vaudeville singer.

11. Industry or business

FATHER
12. Name John T. Thrasher
13. Birthplace unknown (City, town, or county) U.S.A. (State or foreign country)

MOTHER
14. Maiden name Othelia ----- Unk.
15. Birthplace unknown (City, town, or county) U.S.A. (State or foreign country)

16. (a) Informant File
(b) Address MCFP

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 19, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary Cemetery

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 11-19-43 (Date received local registrar) (b) for WS Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 16 year 1943- hour 1 minute 15 P.M.

21. I hereby certify that I attended the deceased from March 21, 1942, to November 16, 1943, that I last saw him alive on November 16, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis, pulmonary, bilateral, far advanced — Duration 10 Yrs (Approximate)

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Tuberculosis, pulmonary, bilateral, far advanced

13 P1

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 E.W. Moreland (M. D. or Coroner)

Address MCFP E.W. MORELAND, Clinical Director Date signed 11-16-43

(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 Walter E Hemele

Licensed Embalmer No. 3808

P. O. Address Springfield 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.