

No. 2
-5-42
5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 28 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6480**
Registrar's No. **2**

Registration District No. **11** Primary Registration District No. **4023**

1. PLACE OF DEATH:
(a) County **BARRY**
(b) City or town **EXETER**
(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 Yrs**
In this community **50 Yrs**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO** (b) County **BARRY**
(c) City or town **Cassville**
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country

3. (a) PRINT **THOMAS SEBURN KERSEY**
FULL NAME
3. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Jan** day **3rd**
year **1944** hour **7** minute **30 P.M.**
21. I hereby certify that I attended the deceased from **Dec 15**
1943 to **Jan 3**, 19**44**
that I last saw h.l. **Jan 2** alive on **Jan 2**, 19**44**
and that death occurred on the date and hour stated above.

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive **7** years
7. Birth date of deceased **March 7 1865**
(Month) (Day) (Year)

Immediate cause of death **Coronary Thrombosis**
Due to **Senility & a General Atherosclerosis**
Due to
Other conditions (include pregnancy within 3 months of death)
Major findings: **94 a**
Of operations
Of autopsy

8. AGE: Years **78** Months **9** Days **26** If less than one day hr. min.
9. Birthplace **Anderson Co. Kan.**
(City, town, or county) (State or foreign country)
10. Usual occupation **Hardware Merchant**

MOTHER FATHER
11. Industry or business
12. Name **Arthur Long Kersay**
13. Birthplace **Tenn.**
(City, town, or county) (State or foreign country)
14. Maiden name **Nancy Caroline Hinton**
15. Birthplace **Georgia**
(City, town, or county) (State or foreign country)
16. (a) Informant **Blacerton**
(b) Address **Exeter Mo.**
17. (a) **Burial** (b) Date thereof **1-6-1944**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Maplewood Cemetery**
18. (a) Signature of funeral director **Barth...**
(b) Address **Exeter, Mo.**
19. (a) **Jan 8-1944** (b) **Grace Williams**
Date received local registry (Registrar's signature)

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 **2**
23. Signature **Dr. W. M. C. Ch...** (M. D. or other)
Address **Cassville, Mo.** Date signed **1/6/44**

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6,

District File Number ~~244-285~~

Date Filed ~~FEB 25 1944~~

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.H. Blankenship

Licensed Embalmer No.

2397

P. O. Address.....

Monroeville, Pa.

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.