

FILED JAN 10 1944

Registration District No. _____

Primary Registration District No. **2000**

Registrar's No. **963**

1. PLACE OF DEATH:

(a) County **GREENE**
 (b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. John's Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**
 (c) City or town **Springfield**
(If outside city or town limits, write "RURAL")
 (d) Street No. **865 N. Benton**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Alice LaMoille Thrasher**

3. (b) If veteran, name war **Unknown** 3. (c) Social Security No. **Unknown**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife **Single** 6. (c) Age of husband or wife if alive **XX** years

7. Birth date of deceased **September 10, 1876**
(Month) (Day) (Year)

8. AGE: Years **68** Months **3** Days **18** If less than one day _____ hr. _____ min.

9. Birthplace **Springfield, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Registrar**

11. Industry or business **Dryer College**

12. Name **Charles Thrasher**

13. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Wila Grow**

15. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. George Scott Allen**
 (b) Address **Springfield, Missouri**

17. (a) **Burial** (b) Date thereof **12/30/44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Maple Park Cemetery**

18. (a) Signature of funeral director **Alma Lohmeyer Funeral Home**
 (b) Address **Springfield, Missouri**

19. (a) **12-29-44** (b) **S. N. Handley**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **28th**, year **1944** hour **1:05** minute **8** M.

21. I hereby certify that I attended the deceased from **8-26**, 1942 to **12-28**, 1944 that I last saw h. e. R. alive on **12-28**, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death **Congestive heart failure** Duration **3 mo.**

Due to **Rheumatic Heart Disease with Auricular Fibrillation and Mitral Stenosis**

Other conditions **max from 4 yrs.**
(Include pregnancy within 3 months of death)

Major findings: Of operations **92** Of autopsy _____
 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? _____

While at work? _____ (Specify type of place) _____
 (e) Means of injury _____

23. Signature **[Signature]** (M. D. or other) _____
 Address **Springfield Mo.** Date signed **12-29-44**

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

MOTHER FATHER

V
21
3
5
U
2
1144
1944
3 mo.
4 yrs.
PHYSICIAN
Underline the cause to which death should be charged statistically.
12-29-44
LV

MAY 29 1946

FEB 16 1945

JUN 3 1946

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 Lewis G Schaff

Licensed Embalmer No. 3802

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.