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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 5 1945

Registration District No. 259

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6904

Primary Registration District No. 5883

Registrar's No.

1. PLACE OF DEATH:

(a) County Osage

(b) City or town Loose Creek R D
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 Lim Jump
(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)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Osage

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

(d) Street No. Rural
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John Henry Thora

3. (b) If veteran, name war Home Guard Civil War

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct (Month) 16 (Day) 1861 (Year)

8. AGE: Years 83 Months 2 Days 23 If less than one day hr. min.

9. Birthplace Loose Creek (City, town, or county) Mo (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER

12. Name John Peter Thora

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

MOTHER

14. Maiden name Anna Ella Rackers

15. Birthplace Hanover (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs Hettie Arens

(b) Address 739 Ohio Ave - Kan City Kan

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-12-45 (Month) (Day) (Year)

(c) Place: burial or cremation Loose Creek

18. (a) Signature of funeral director Clyde Morton

(b) Address Lenin, Mo

19. (a) Jan 17 (Date received local registrar) (b) Louise Lock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 9 year 1945 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from , 19 , to (Coroner) , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to Pneumonia	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

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 Clyde Morton Coroner (M. D. or other)

Address Lenin, Mo Date signed 1-9-45

1285

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 3-3-45

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 Owen T. Jones Jr., Registered Apprentice No. 373, working under my personal supervision.

Signed Victor Buesacker

Licensed Embalmer No. 3701

P. O. Address Jefferson City

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.