S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 20 1945

Registration District No. 259

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5883

State File No. 10334

Registrar's No.

1. PLACE OF DEATH:

(a) County Osage

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

(c) Name of hospital or institution: At Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage 76

(c) City or town Loose Creek, 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Mary Thora

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

3. (c) Social Security No. .....

4. Sex Female

5. Color or race White

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 ..... (Month) (Day) (Year)

8. AGE: Years 83 | Months 1 | Days | If less than one day ..... hr. ..... min.

9. Birthplace Loose Creek, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation School Teacher

11. Industry or business

FATHER
12. Name John Peter Thora
13. Birthplace ..... Germany
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Ellen Rackers
15. Birthplace Hanover, Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Records

(b) Address .....

17. (a) ~~2/6/45~~ Burial (b) Date thereof 2/6/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Loose Creek, Mo.

18. (a) Signature of funeral director Clyde Morton

(b) Address Box 144, Linn, Mo.

19. (a) Mar. 5-45 (b) Mrs Louise Lock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 4th, year 1945 hour 4:30 minute A M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw her alive on 2-3-, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial failure	
Due to (Chronic) Aortic Regurgitation	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

92a

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 W. W. Baldwin (M. D. or other) DO

Address Linn, Mo. Date signed 2-5-45

1285

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 3-19-45

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 Ione H. Jones Jr., Registered Apprentice No. 373, working under my personal supervision.

Signed Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City 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.