

FILED JAN 21 1946  
Registration District No. 277

Primary Registration District No. 3063

State File No. \_\_\_\_\_  
Registrar's No. 79

1. PLACE OF DEATH:

(a) County Wagoner

(b) City or town Lawrence  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
O'Sullivan Nursing Home #4  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether  
In this community 50 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

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

(d) Street No. 7153 Universal  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Joseph B. Thomure

3. (b) If veteran name war nil.

3. (c) Social Security No. nil

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7  
year 1946 hour 10 minute 05 P. M.

21. I hereby certify that I attended the deceased from 45 days to Jan 21 1946  
that I last saw live on and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Duration 3 hrs.

4. Sex Male 5. Color or race W.

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

6. (b) Name of husband or wife Minnie 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Dec 16 1869  
(Month) (Day) (Year)

Due to Cardiac years

Due to ad aortic that indic years

Other conditions Arteriosclerosis years  
(Include pregnancy within 3 months of death)

Major findings: Calcification of aorta

8. AGE: Years Months Days If less than one day

76 - 22 hr. min.

Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically.

9. Birthplace St. Genevieve Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Manufacture

11. Industry or business Shoe Industry

12. Name Unknown

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

14. Maiden name Prucella Lane

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

16. (a) Informant Mrs. Minnie Thomure

(b) Address 7153 Universal

17. (a) Buried (b) Date thereof Jan 10 - 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Church

18. (a) Signature of funeral director Wm. Muller

(b) Address 5041 Delaney

19. (a) 1-11-46 (b) ES on  
(Date received local registrar) (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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_

While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Fred (M. D. or other) \_\_\_\_\_

Address 2925 Date signed 1-8-46

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

2195

864 Hamilton

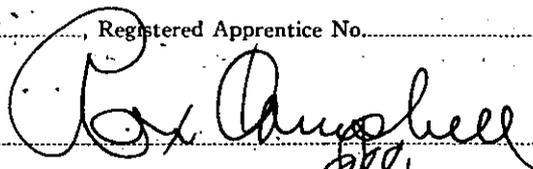
**STATEMENT BY LICENSED EMBALMER**

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.....



Licensed Embalmer No.....

P. O. Address.....

**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.