

V. S. No. 2
00M-8-43
Rev. 5-17-39
X37823

FILED APR 22 1946

Registration District No. 4 Primary Registration District No. 3008

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton
(c) Name of hospital or institution: State Hospital 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Mo. - 4d
In this community 3M - 4d (Specify whether years, months or days)

3. (a) PRINT FULL NAME John A. Thistlewaite
3. (b) If veteran name war _____ 3. (c) Social Security No. _____

4. Sex MO 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife W/C 6. (c) Age of husband or wife if alive OTC years
7. Birth date of deceased MAR. 7 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 11 25 hr. min.

9. Birthplace Sheridan, Ind
(City, town, or county) (State or foreign country)

10. Usual occupation R.P. Shop work

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Thistlewaite
13. Birthplace Richmond Ind
(City, town, or county) (State or foreign country)
14. Maiden name Wanda Sims
15. Birthplace Boona County, Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harriett Thistlewaite
(b) Address 1508 E. 9th St., Sedalia, Mo.

17. (a) Removal (b) Date thereof 3/5/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sedalia, Mo

18. (a) Signature of funeral director Thalace Funeral Home
(b) Address 776 1/2 St. Fulton, Mo
(c) Date received local registrar 3/4/1946

(a) 3/4/1946 (b) Joie Morsutchoff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Pettis 14
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 1508 E. 9th St
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month MAR. day 4
year 1946 hour 2 minutes 45 P M.
21. I hereby certify that I attended the deceased from March 3
1946 to March 4 1946
that I last saw him alive on March 4 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Sabur pneumonia (terminal) Duration 28 hrs
Due to chronic myocarditis 5y
Due to arteriosclerosis 5y
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 108
Of autopsy _____
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? _____

(a) Signature Joseph Imperatore (M. D. or other) M.D.
(b) Address State Hospital 201 Date signed 3/4/46
While at work? _____ (c) Means of injury 1

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

14
1
2

11331

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 4-19-46

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 Denzil C. Browning
Licensed Embalmer No. 2725
P. O. Address Franklin MS

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.