

No. 2
8-43
-17-39
X37823

FILED MAY 14 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. **13808**

Registration District No. **187**

Primary Registration District No. **3046**

Registrar's No. **59**

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

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Chillicothe Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)
In this community 60 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston 59
(c) City or town Chillicothe 1
(If outside city or town limits, write "RURAL") 2
(d) Street No. 215 Polk Street
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16th
year 1946 hour 5 minute 10 A.M.
21. I hereby certify that I attended the deceased from 15
April 1946, to April 16- 1946
that I last saw him alive on April 15- 1946
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME MARY THORP
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 Widowed

6. (b) Name of husband or wife B. F. Thorp 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased: December 15 1856
(Month) (Day) (Year)

8. AGE: 89 Months 4 Days 1 If less than one day hr. min.

9. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Alonzo Cave

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

14. Maiden name Melinda Roberts

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

16. (a) Informant Mrs. Ed Saale

(b) Address Chillicothe, Missouri

17. (a) Burial (b) Date thereof 4-18-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edgewood Cemetery

18. (a) Signature of funeral director Norman Funeral Home

(b) Address Chillicothe, Missouri

19. (a) April-17-46 (b) Frances B. Neill
(Date received local registrar) (Registrar's signature)

Immediate cause of death _____

Myocarditis!

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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) (c) Means of injury 0

23. Signature H. Dowell (M. D. or other) _____

Address Chillicothe, Mo. Date signed 4-17-46

PHYSICIAN

Underline the cause to which death should be charged statistically.

DISTRICT HEALTH OFFICE
Camden, Mo.

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.....

..... Elton F. Norman, Registered Apprentice No.....

working under my personal supervision.

Signed..... Elton F. Norman

Licensed Embalmer No..... 4036

P. O. Address..... Chillicothe, 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.