

S. No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20803**
Registrar's No. **92**

FILED JUL 15 1946

Registration District No. **155** Primary Registration District No. **5577**

1. PLACE OF DEATH:

(a) County *Jasper*

(b) City or town **JASPER TOWNSHIP - RURAL**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **2**
(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)

3. (a) PRINT FULL NAME **Frank Tharp** **THARP**

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

3. (c) Social Security No. **560-85-1760**

4. Sex **male** 5. Color or race **White**

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

6. (b) Name of husband or wife **Lois O Tharp (THARP)**

6. (c) Age of husband or wife if alive **41** years

7. Birth date of deceased **19** **1905**
(Month) (Day) (Year)

8. AGE: Years **40** Months **5** Days **24** If less than one day _____ hr. _____ min.

9. Birthplace **Topeka Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **TRUCK DRIVER**

11. Industry or business _____

MOTHER FATHER { 12. Name **Frank Tharp (THARP)**

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

14. Maiden name **Lois O. Baker**

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

16. (a) Informant **Lois O Tharp**

(b) Address **Parrigo, Mo**

17. (a) **Burial** (b) Date thereof **June 17 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Private home**

18. (a) Signature of funeral director **Will [unclear]**

(b) Address **Will City, Mo**

19. (a) **JUNE 15:46** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper** **4/9**

(c) City or town **Parrigo**
(If outside city or town limits, write "RURAL") **0**

(d) Street No. _____ (If rural, give location) **1**

(e) Citizen of foreign country? **NO** (Yes or No) **1**

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **14**
year **1946** Hour **5** minute **0** A. M.

21. I hereby certify that I attended the deceased from **19** to **19**;
that I last saw him **did not attend** alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death **Asphyxiation**

Due to **accident** **1833**

Duration **swimming across**

Other conditions **Spring Paper**

(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) **Accident 4/9**

(b) Date of occurrence **6/14/46**

(c) Where did injury occur? **Kelleyburg Jasper Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on a farm, in industrial place, in public place?
Public Place
(Specify type of place)

While at work? **no** (e) Means of injury **swimming**

Signature **DW [unclear]** (M. D. or other) **Drallo**

Address **2114 [unclear]** Date signed **6/14/46**

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

19675

137

(Licensed Embalmer's Statement on Reverse Side)

JOPLIN, MO

46-6-515

007-01949

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 myself

....., Registered Apprentice No.
working under my personal supervision.

Signed Clifton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Wells 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.