

FILED OCT 16 1946

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 155

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town West City
(c) Name of hospital or institution:
421 S. MADISON
(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) life

3. (a) PRINT FULL NAME Walter Angus Tholborn
3. (b) If veteran, name war _____ 3. (c) Social Security No. 11

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Maud Tholborn 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased May 10 1883
(Month) (Day) (Year)

8. AGE: Years 63 Months 4 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation Census Assessor

11. Industry or business _____

12. Name Walter Tholborn

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

14. Maiden name Edith Catherine Tholborn

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

16. (a) Informant Mrs. A. Matile

(b) Address Joplin, Mo.

17. (a) Buried (b) Date thereof Oct 8 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Gr.

18. (a) Signature of funeral director West City Burial Co.

(b) Address West City, Mo.

19. (a) OCT 5 1946 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town West City
(If outside city or town limits, write "RURAL")
(d) Street No. 421 S. Madison
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14
year 1946 hour 7:51 minute 0 M.
21. I hereby certify that I attended the deceased from Sept 28
1946 to Oct 4, 1946
that I last saw him alive on Oct 4, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Duration 4 days

Due to _____

Due to _____

Other conditions Diabetes Mellitus 6 yrs.
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy None

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? _____

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature W. H. Kirkwood (M. D. or other) MP

Address Joplin, Mo. Date signed 10/4/46

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

46-10-865

DEC 16 1948

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.....

Harvey E. Arner....., Registered Apprentice No. 412.....
working under my personal supervision.

Signed Clayton M. Johnston.....

Licensed Embalmer No. 4304.....

P. O. Address Webb 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.