S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 4 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36374

Registration District No. 64 Primary Registration District No. 4109 Registrar's No. 52

1. PLACE OF DEATH:

(a) County Chariton

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

(c) Name of hospital or institution: / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 16 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Chariton 21

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

(d) Street No. (If rural, give location) 0

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME OPAL-CORA-THRASH.

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 Married

6. (b) Name of husband or wife J. L. Thrash

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased March (Month) 23 (Day) 1903 1908 (Year)

8. AGE: Years 43 Months 7 Days 13 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name George H. Pryor
13. Birthplace Brunswick (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Cora O. Mortimeyer
15. Birthplace Brunswick (City, town, or county) Mo. (State or foreign country)

16. (a) Informant J. L. Thrash

(b) Address Keytesville

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 7. 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Lower Cemetery Brunswick Mo.

18. (a) Signature of funeral director Hyde & Dawson

(b) Address Keytesville

19. (a) 11/16/46 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. 6 day 1946 year 1946 hour 12 minute 45 A. M.

21. I hereby certify that I attended the deceased from May 27, 1945 to Nov 6, 1946, that I last saw her alive on November 5, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	2 days
Due to: hypertension	?
arteriosclerosis	?
Due to	
Other conditions: None (Include pregnancy within 3 months of death)	

Major findings: Of operations — 83A

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)

(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 1

23. Signature F. L. Harms (M. D. or other) MD

Address Salisbury Mo. Date signed Nov 16, '46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

(ict Health Officer No. 8,

... ict File Number.....

Date Filed 12-2-46

DEC 4 1946

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 N. D. Barnett

Licensed Embalmer No. 2046

P. O. Address Kansas 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.