

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 19 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37860**

Registration District No. **270**

Primary Registration District No. **3050**

Registrar's No. **105**

1. PLACE OF DEATH:

(a) County **Pennscoot**

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

(c) Name of hospital or institution:
709 Franklin St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
42 years. (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Thomas Thrasher**

3. (b) If veteran, name war..... **11.01**

3. (c) Social Security No.....

4. Sex **M** 5. Color or race **W**

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

6. (b) Name of husband or wife **Minnie Thrasher**

6. (c) Age of husband or wife if alive **67** years

7. Birth date of deceased **Oct 5 1859**
(Month) (Day) (Year)

8. AGE: Years **87** Months **1** Days **1** If less than one day hr. min.

9. Birthplace **Perry Co. Inda.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer.**

11. INDUSTRY OR BUSINESS

12. Name **James Thrasher**

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

14. Maiden name **unknown**

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

16. (a) Informant **W. P. Thrasher**

(b) Address **Cauthersville, Mo.**

17. (a) **Burial** (b) Date thereof **11-7-1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Little prairie Cemetery**

18. (a) Signature of funeral director **La. Farge and Co.**

(b) Address **Cauthersville, Mo.**

19. (a) **11-13-46** (b) **Fred B. Melts**
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pennscoot 78**

(c) City or town **Cauthersville 1**
(If outside city or town limits, write "RURAL")

(d) Street No. **709 Franklin ave. 2**
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **6** year **1946** hour **4** minute **A.M.**

21. I hereby certify that I attended the deceased from **Oct. 10 - 1946** to **Nov. 6 1946**

that I last saw him alive on **Oct. 24 1946** and that death occurred on the date and hour stated above.

Immediate cause of death **Atherosclerosis Hypertension**

Duration **about 1 month**

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **A**

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?.....

While at work?..... (Specify type of place)

(e) Means of injury **0**

23. Signature **J. R. Pission** (M. D. or other).....
Address **Cauthersville, Mo.** Date signed **11-6-46**

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

36577

1
2

8

11-46-235

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 *Noel C. Dean*

Licensed Embalmer No. *3941*

P. O. Address *Carrithersville, 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.