

Registration District No. **150**

Primary Registration District No. **5572**

Registrar's No. **75**

**1. PLACE OF DEATH:**

(a) County **JACKSON**  
 (b) City or town **RURAL PRARIE TWP**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**JACKSON CO HOME AGED (WHITE)**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **7 MO - 25 D**  
(Specify whether years, months or days)  
 In this community **50 years**

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **MO** (b) County **JACKSON**  
 (c) City or town **INDEPENDENCE**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **211 SO CRYSLER**  
(If rural, give location)  
 (e) Citizen of foreign country? **NO** (Yes or No)  
 If yes, name country **✓**

3. (a) PRINT FULL NAME **RICHARD E. THRASHER.**

3. (b) If veteran, name war **720** 3. (c) Social Security No. **None**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **W 2**

6. (b) Name of husband or wife **Marguerite E. Thrasher** 6. (c) Age of husband or wife if alive **4** years

7. Birth date of deceased. **6** (Month) **4** (Day) **1870** (Year)

8. AGE: Years **75** Months **11** Days **2** If less than one day **hr. min.**

9. Birthplace **TOLONA ILL** (City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

11. Industry or business

MOTHER FATHER  
 12. Name **Christopher Thrasher**  
 13. Birthplace **Penn.** (City, town, or county) (State or foreign country)  
 14. Maiden name **Starr**  
 15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Lillie Sharp**

(b) Address **1320 N. Pleasant 2nd St.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **8 47** (Month) (Day) (Year)

(c) Place: burial or cremation **Kingsley, Mo.**

18. (a) Signature of funeral director **W. G. Carson**

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

19. (a) **MAY 7 1947** (Date received local registrar) (b) **Donald C. Samalung** (Registrar's signature) **270**

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **May** day **6** year **1947** hour **3:30** minute **a.** M.

21. I hereby certify that I attended the deceased from **May 2, 1947** to **May 6, 1947** that I last saw him alive on **May 5, 1947** and that death occurred on the date and hour stated above.

Immediate cause of death: **Cerebral hemorrhage**

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations **47**  
 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 \_\_\_\_\_

23. Signature **J. W. Greene** (M. D. or other) **13**  
 Address **Independence, Mo.** Date signed **5/6/47**

Duration \_\_\_\_\_  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

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

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.....

*Carlton H. Meyer*....., Registered Apprentice No. *506*  
working under my personal supervision.

Signed *John Pasley*.....  
Licensed Embalmer No. *4308*  
P. O. Address *Independence*.....

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.