FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 7 3 1947

Registration District No. 7

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26490

Primary Registration District No. 6149

Registrar's No. 45

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Dudley, Mo. R. 1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 6 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stoddard 103
(c) City or town Dudley
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route I
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Rosella Thrasher

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Oliver Thrasher

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased ..... (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
56	9	26	hr. min.

9. Birthplace unknown, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business —

FATHER
12. Name James Chumley
13. Birthplace unknown, Illinois
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Biby
15. Birthplace unknown, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Oliver Thrasher
(b) Address Dudley, Mo R.R.

17. (a) Burial (b) Date thereof 7-18-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lloyd

18. (a) Signature of funeral director Landess Funeral Home
(b) Address Campbell, Mo.

19. (a) 7-20-47 (b) Floyd Morgan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16
year 1947 hour ..... minute 7:45 A.M.

21. I hereby certify that I attended the deceased from 12- 1945 to 7-16 1947
that I last saw her alive on 6-7- 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: CORONARY OCCLUSION	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

94A

PHYSICIAN

Underline the cause of 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 2

23. Signature V. H. Skillings (M. D. or other) DO
Address Tuxico Mo Date signed 7-18-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Office No. 2,
District File Number 842-106
Date Filed 8-5-47

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 Christina M. Landers
Licensed Embalmer No. 4227
P. O. Address Campbell, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.