

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28170  
Registrar's No. 94

Registration District No. 164 Primary Registration District No. 3032

1. PLACE OF DEATH:

(a) County... JOHNSON  
 (b) City or town... WARRENSBURG  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 WARRENSBURG CLINIC 0  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution... WEEK (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... MISSOURI (b) County... PETTIS 80  
 (c) City or town... SEDALIA 6  
 (If outside city or town limits, write "RURAL")  
 (d) Street No... 1508 E 9- 4  
 (If rural, give location) 1  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country...

3. (a) PRINT FULL NAME... HARRIET LOUISE THISTLETHWAITE  
 (b) If veteran, name war...  
 (c) Social Security No...  
 4. Sex... F / 1 race... W  
 5. Color or...  
 6. (a) Single, widowed, married, divorced... WIDOWED  
 (b) Name of husband or wife... JOHN A  
 (c) Age of husband or wife if alive... years  
 7. Birth date of deceased... FEB 28 1885  
 (Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... Aug day... 23 year... 1947 hour... 1:40 minute... A M.  
 21. I hereby certify that I attended the deceased from... Aug 2 12 1947, to... Aug 28 1947  
 that I last saw her alive on... Aug 22 1947  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
 62 5 23 hr. min.

Immediate cause of death... peritonitis  
 Due to... Ruptured appendix 13 day  
 Due to... Acute appendicitis  
 Other conditions... Ch. Cholecystitis 3 year  
 (Include pregnancy within 3 months of death)

9. Birthplace... SEDALIA MO  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation... HOUSEWIFE  
 11. Industry or business  
 12. Name... SAMUEL BERTHOUEX  
 13. Birthplace... PARIS FRANCE  
 (City, town, or county) (State or foreign country)  
 14. Maiden name... OSUNA HAGMAN  
 15. Birthplace... CHAMONIX SWITZERLAND  
 (City, town, or county) (State or foreign country)

Major findings:  
 Of operations... none  
 Of autopsy... none

16. (a) Informant... LILLIAN MORKEY  
 (b) Address... ROUTE #4 WARRENSBURG, MO  
 17. (a) ~~SEEDING~~ REMOVAL Date thereof... 8 25 47  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation... SEDALIA MO  
 18. (a) Signature of funeral director... MC LAUGHAIN BROS  
 (b) Address... SEDALIA MO  
 19. (a) Aug 25 1947 (b) Savannah Crestfield  
 (Date received local registrar) (Registrar's signature)

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...  
 Signature... Address... Date signed... 8/25/47

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

1  
2  
2

MOTHER FATHER

Duration 11 day  
 13 day  
 3 year  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

---

---

**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 K.P. McCray  
Licensed Embalmer No. 315 B  
P. O. Address Seclavia, 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.**