No. 2
-5-43
17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 6 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11476

Registration District No. 25 Primary Registration District No. 4036 Registrar's No. 15

1. PLACE OF DEATH:

(a) County Bates

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

(c) Name of hospital or institution: 211 E. Walnut
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ——— (Specify whether
In this community 20 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates 7

(c) City or town Rich Hill 2
(If outside city or town limits, write "RURAL")

(d) Street No. 211 E. Walnut 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 2

If yes, name country ———

3. (a) PRINT FULL NAME George Everett Thweatt

3. (b) If veteran, name war ———

3. (c) Social Security No. ———

4. Sex M 0

5. Color or race W

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

6. (b) Name of husband or wife Marian C. Thweatt

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased June (Month) 13 (Day) 1867 (Year)

8. AGE: Years 80 Months 10 Days 13 If less than one day ___ hr. ___ min.

9. Birthplace Near Petersburg (City, town, or county) Virginia (State or foreign country)

10. Usual occupation Dentist

11. Industry or business ———

FATHER
12. Name UNKNOWN 9
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. G. E. Thweatt
(b) Address Rich Hill, Mo.

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 4-27-48 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Floral Hills-Kansas City

18. (a) Signature of funeral director Bo[illegible]
(b) Address 570 E Park - Rich Hill

19. (a) May 1 1948 (Date received local registrar) (b) Mrs. Edna Douglass (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26
year 1948 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from Jan 1948 to Apr 26 1948
that I last saw him alive on Apr 26 1948
and that death occurred on the date and hour stated above.

Immediate cause of death [illegible]

Due to [illegible]

Due to Primary disease

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 9 3 8

Of autopsy

Duration

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 0

23. Signature [illegible] (M. D. or other)

Address [illegible] Date signed 4-27-1948

(Licensed Embalmer's Statement on Reverse Side)

MAY 25 1948

RECEIVED
District Health Officer No. 7
District File Number 4-48-468
Date Filed 5-5-48

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 Harold M. Douglas, Registered Apprentice No. 410, working under my personal supervision.

Signed: John G. Underwood
Licensed Embalmer No. 3585
P. O. Address Butler Ga

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.