

DEC 18 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

40132
Do not use this space.

1. PLACE OF DEATH

(a) County Lewis ² Registration District No. 479
 (b) Township Reddish ¹ Primary Registration District No. 5643F Registered No. _____
 (c) City _____ (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 626 Lucretia Grave Thrasher

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John L. Thrasher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29, 1957

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 3 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Lewis County.
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME W. L. Graves

14. BIRTHPLACE (CITY OR TOWN) Ky.
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Eliza J. Dumlap.

16. BIRTHPLACE (CITY OR TOWN) Ky.
 (STATE OR COUNTRY)

17. INFORMANT Mrs. P. T. Disminger
 (ADDRESS) LaBelle, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Midway Cemt, Lewis Co. Mo. DATE Nov. 27, 1939

19. FUNERAL DIRECTOR Jamison
 (ADDRESS) Lewistown, Missouri

20. FILED 12/8 1939 J. L. Bourne
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1939, to Nov 25, 1939

I last saw h. PT. alive on Nov 20, 1939. Death is said to have occurred on the date stated above, at 12.30 m.

The principal cause of death and related causes of importance were as follows:

Flu

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1939

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) Paul McHenry, M. D.

432 (Address) Two City Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 12-39-2133

Date Filed DEC 9 1939

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)