

FILED FEB 19 1943

Registration District No. 17

Primary Registration District No. 5373

Registrar's No. 87

32
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County DECATUR (RURAL)

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

(c) Name of hospital or institution: 1 Imp

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether)

In this community..... (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MA (b) County Sherburne

(c) City or town Maysville (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No..... (If rural, give location)

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

If yes, name country..... 0

3. (a) PRINT FULL NAME WILLIAM HARTLEY THORSEMAN

3. (b) If veteran, name war..... No.....

3. (c) Social Security No.....

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

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive unknown

7. Birth date of deceased Sept 12 - 1873
(Month) (Day) (Year)

8. AGE: Years 69 Months 4 Days 4 If less than one day hr min.

9. Birthplace DeKalb Co. Mo
(City, town or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business.....

12. Name Andrew Harsomel

13. Birthplace Wisconsin
(City, town or county) (State or foreign country)

14. Maiden name Lucy Jane Hines

15. Birthplace Missouri
(City, town or county) (State or foreign country)

16. (a) Informant Mrs. Della Harsomel

(b) Address Maysville Mo

17. (a) Small (b) Date thereof 7-19-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakdale Mo

18. (a) Signature of informant Lucy Jane Hines

(b) Address Maysville Mo

19. (a) 1-27-43 (b) W. W. Longley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16 year 1943 hour 6 minute 0 P M.

21. I hereby certify that I attended the deceased from Jan 14, 1943 to Jan 16, 1943 that I last saw her alive on Jan 15, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Glomerular Nephritis

Due to.....

Due to.....

Other conditions Ch. Prostatitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations..... 1318

Of autopsy.....

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?.....

While at work?..... (Specify type of place) (or) Means of injury.....

23. Signature W. W. Longley or other Do
Address Maysville Mo Date signed Jan 25, 43

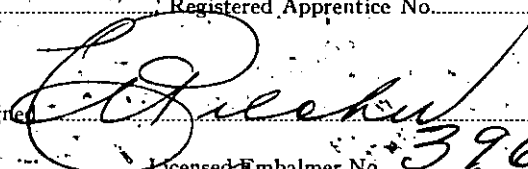
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

working under my personal supervision.

Registered Apprentice No.

Signed



Licensed Embalmer No. 3960

P. O. Address Mayville, 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.