

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

2530 JUL 6 1939

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

21876  
Do not use this space.

1. PLACE OF DEATH

(a) County Clay 2 Registration District No. 201  
 (b) Township Liberty 1 Primary Registration District No. 5280 Registered No. \_\_\_\_\_  
 (c) City Liberty (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred 610 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

George H. Thrapp  
 (a) Residence, No. 401 - East Franklin St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

6. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Flora Almy Thrapp</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 30 1868</u>		
7. AGE	YEARS <u>70</u>	MONTHS <u>9</u>
	DAYS <u>15</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Retired Railroad Agent, Burlington</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Retired Railroad Agent, Burlington</u>	
	10. Date deceased last worked at this occupation (month and year) _____ Total time (years) spent in this occupation <u>52</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>South Bend Ind.</u>		
FATHER	13. NAME <u>James Thrapp</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New Jersey</u>	
MOTHER	15. MAIDEN NAME <u>Young</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Holland</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Flora Almy Thrapp</u> <u>401 - East Franklin</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Reverend, Mo. 6/18/39</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Church - Archer Co</u> <u>Liberty, Mo</u>		
20. FILED <u>6-29</u> 19 <u>39</u> <u>W. H. Steyer</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15 1939

22. I HEREBY CERTIFY, That I attended deceased from June 1938, to June 15 1939  
 I last saw him alive on June 15 1939. Death is said to have occurred on the date stated above, at 12:30 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Coronary Thrombosis  
946  
 Date of onset 4 1/2

Other contributory causes of importance:  
arteriosclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 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? no  
 If so, specify \_\_\_\_\_  
 (Signed) W. H. Steyer, M. D.  
Liberty, Mo. (Address)

RECEIVED FILED STATE OFFICE  
INDEX CARD RETURNED TO DISTRICT  
DATE 6/30/59

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**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.)**