LEF No. 11-10-39
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AUG 29 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

26543

State File No.

Registration District No. 815 Primary Registration District No. 6162 Registrar's No. 187

1. PLACE OF DEATH:

(a) County VERNON Wash Twp

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

(c) Name of hospital or institution: STATE HOSPITAL-NO 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
In this community 2 mo. 9 days 12 hrs. (Specify whether years, months or days)

3571

2. USUAL RESIDENCE OF DEACESED:

(a) State MISSOURI (b) County JASPER

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

(d) Street No. 1611 PEARL. St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? NATIVE-BORN years.

3. (a) PRINT FULL NAME THUDIUM-JEAN. W.

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

3. (c) Social Security No. UNKNOWN NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW.

6. (b) Name of husband ~~or wife~~ THUDIUM-MEDIE. D.

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

7. Birth date of deceased MAY (Month) 17 (Day) 1866 (Year)

8. AGE: Years 74 Months 2 Days 14 If less than one day 12 hr. 15 min.

9. Birthplace WHITE CLOUD (City, town, or county) KANSAS (State or foreign country)

10. Usual occupation NONE-PREVIOUSLY SCHOOL TEACHER

11. Industry or business NONE

MOTHER FATHER

12. Name WHITNEY-OLIVER-C.

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

14. Maiden name PARNELL JOSEPHINE

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

16. (a) Informant RECORDS STATE HOSPITAL-3

(b) Address NEVADA MISSOURI.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 3, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Jasper Hill-Dillon

18. (a) Signature of funeral director

(b) Address Joplin, Mo.

19. (a) 8-7-1940 (Date received local registrar) (b) Allen D. Karp (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day first year 1940 hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from MAY 22, 1940 to AUGUST 1, 1940 that I last saw h. ER alive on AUGUST 1, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY THROMBOSIS — Duration 10 HRS
MYOCARDITIS — ARTERIOSCLEROSIS
GENERALIZED

Due to SENILITY

Due to HEAT PROSTRATION

Other conditions (Include pregnancy within 3 months of death) 42 F

Major findings:
Of operations NONE

Of autopsy NONE

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No.

(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? 795 (Specify type of place)

While at work? (e) Means of injury

23. Signature Paul L. Barone (M. D. or other)

Address State Hosp. 3, NEVADA Date signed AUG 1 1940

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7,
District File Number 8-40-1146
Date Filed 8-9-40

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 Don Tetrick

Licensed Embalmer No. 4008

P. O. Address Joplin, 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, above space should be left blank.