

S. No. 2
4-13-40
v. 5-17-39
X23159

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42996
Registrar's No. 5

Registration District No. 5615
Primary Registration District No. 5615

53

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

1. PLACE OF DEATH:
(a) County Laclede
(b) City, or town Rural Auclairize Two
(c) Name of hospital or institution:
(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

3. (a) PRINT FULL NAME Walter Thrailkill
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Laura Atkins Thrailkill 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased Sept 6 1872
(Month) (Day) (Year)

8. AGE: Years 68 Months 2 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Laclede County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER
12. Name Martin Thrailkill
13. Birthplace Tenn
(City, town, or county) (State or foreign country)
14. Maiden name Permelia Hawkins
15. Birthplace Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Laura Thrailkill
(b) Address Sleeper Mo

17. (a) Burial (b) Date thereof Nov 4 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lebanon Mo

18. (a) Signature of funeral director W.E. Halman
(b) Address Lebanon, Mo

19. (a) Dec 11-1940 (b) Dr. Atkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Laclede
(c) City or town Rural
(If outside city or town limits, write "RURAL.")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 2
year 1940 hour 11 minute a M.

21. I hereby certify that I attended the deceased from 11-27 1939 to 12-20 1940
that I last saw him alive on 11-26 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Bladder
Due to _____
Due to 51

Other conditions (filled preferably within 3 months of death)

Major findings: Supercarcinoma drainage
Of autopsy _____
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? _____

4057
While at work _____ (Specify type of place)
23. Signature Paul A. Jenkins (M. D. or other)
Address Lebanon Mo Date signed 11/12/40

RECEIVED

District Health Officer No. 7,

District File Number 1-41-125

Date Filed 1-14-41

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.

Myself

..... Registered Apprentice No.

Signed *W. E. Halman*

Licensed Embalmer No. 4107

P. O. Address Lebanon 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.