DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FEB 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2104

Registration District No. 128

Primary Registration District No. 5176-B 4071

Registrar's No.

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.

1. PLACE OF DEATH:

(a) County: Cape Girardeau

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

(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 years, months or days) In this community ____

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO (b) County: Cape Girardeau

(c) City or town: / (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.? 0 years.

3. (a) PRINT FULL NAME: Katie Smith Thiele

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: Female

5. Color or race: white

6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: John W. Thiele

6. (c) Age of husband or wife if alive: 85 years

7. Birth date of deceased: Aug 24 - 1860 (Month) (Day) (Year)

8. AGE: Years 80 Months 4 Days 13 If less than one day ____ hr. ____ min.

9. Birthplace: Daisy Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation: House Keeper

11. Industry or business: none

MOTHER FATHER

12. Name: George Smith

13. Birthplace: Daisy Mo (City, town, or county) 0 (State or foreign country)

14. Maiden name: Tamie Crites

15. Birthplace: Daisy Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant's own signature: Dennis Seabaugh

(b) Address: 1282 9 Mark twain Ave

17. (a) Interment (Burial, cremation or removal) (b) Date thereof: Jan 9, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation: Oak Ridge Cemetery

18. (a) Signature of funeral director: [illegible]

(b) Address: Jackson Mo.

19. (a) 1/9/1941 (Date received by local registrar) (b) Lana V. Grebe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7 year 1941 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from 3 minutes before death, 1941, to ____, 19____; that I last saw h. alive on Jan 7, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Senile cerebral hemorrhage — Duration: 2 months

Due to: Probably to Senility

Due to: ____

Other conditions (Include pregnancy within 3 months of death): ____

Major findings: Of operations: ____ 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? 1 2 3 (Specify type of place)

While at work? ____ (e) Means of injury: ____

23. Signature: R D Blaylock (M. D. or other) 0

Address: Oak Ridge Mo Date signed: 1-X-41

(Licensed Embalmer's Statement on Reverse Side)

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 Lyman Steele

Licensed Embalmer No. 2476

P. O. Address Jackson Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.