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.

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

3621
Do not use this space.

1. PLACE OF DEATH
(a) County Hodaway Registration District No. 6
(b) Township Hodaway Primary Registration District No. 4 Registered No.
(c) City Burlington Jct. Mo (d) Street No. 1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 0 yrs. 1 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jackie Dean Thacker 74
(a) Residence, No. Burlington Jct. Mo St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Child 0
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-8-40
7. AGE: YEARS 00 MONTHS 5 DAYS 10 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (month and year) ✓
11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Burlington Jct. Mo.

FATHER
13. NAME Charles Thacker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Burlington Jct. Mo

MOTHER
15. MAIDEN NAME Mary Moore
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tunnersville Ky

17. INFORMANT (ADDRESS) Chas Thacker Burlington Jct. Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE James Cem DATE Jan 19 41
19. FUNERAL DIRECTOR (ADDRESS) W. S. Clements Tarkio Mo
20. FILED ....., 19.....
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-18-41

22. I HEREBY CERTIFY, That I attended deceased from 1/14, 1941, to 1/18, 1941
I last saw him alive on 1/16, 1941. Death is said to have occurred on the date stated above, at 7.15 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	1/12/41

Other contributory causes of importance:
Influenza

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) B. F. Dyland O. M. D.
(Address) Burlington Jct. Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, W. S. Clement, Licensed Embalmer No. 3381

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Not Embalmed

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed W. S. Clement

Licensed Embalmer No. 3381

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3621

Registration District No. 618 Primary Registration District No. 4369 Registrar's No.

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

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Burlington Jct (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 (b) County

(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.? years.

3. (a) PRINT FULL NAME Jackie Dean Thacker

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 Child

6. (b) Name of husband or wife

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

7. Birth date of deceased 8 (Month) 8 (Day) 1940 (Year)

8. AGE: Years | Months 5 | Days 10 | If less than one day hr. min.

9. Birthplace (City, town, or county) Ohio (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Charles Thacker
13. Birthplace (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name May Moore
15. Birthplace (City, town, or county) Ky (State or foreign country)

16. (a) Informant Chas Thacker

(b) Address Burlington Jct Mo

17. (a) (Burial, cremation, or removal) (b) Date thereof 1-19-1941 (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director W. S. Clement

(b) Address Tarkio Mo.

19. (a) Jan 23 41 (Date received local registrar) (b) J R Hann by H.S.S. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 18 year 1941 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho Pneumonia	
Due to	
Due to Influenza	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature B F Byland (M. D. or other)

Address Burlington Jct Date signed