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FILED MAY 26 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15364

State File No.

Registration District No. 621

Primary Registration District No. 6823

Registrar's No.

1. PLACE OF DEATH:

(a) County Oregon

(b) City or town Big Apple
(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)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon 75

(c) City or town Koshkonong (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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19
year 1941 hour 9:00 minute A. 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.

Immediate cause of death _____

Burned to death in
Due to Burning Home

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Ella Jean Threlkeld

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 Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 2 1941
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
			<u>17</u>	hr. _____ min.

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

10. Usual occupation Infant

11. Industry or business _____

12. Name Henry Threlkeld

13. Birthplace Koshkonong Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Clara Hampton

15. Birthplace Koshkonong Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Threlkeld

(b) Address Koshkonong, Mo.

17. (a) Burial (b) Date thereof 3-20-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bridges Cemetery

18. (a) Signature of funeral director none

(b) Address Thayer, Mo.

19. (a) April 30-41 (b) Myrtle H. Joseph
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

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

RECEIVED

District Health Officer No 5,

District File Number 5411296

Date Filed _____

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.