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FILED AUG 16 1941 399
Registration District No. _____

Primary Registration District No. **1002**

48
3
8

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

1. PLACE OF DEATH:
 (a) County **Jackson**
 (b) City or town **Jackson City**
 (c) Name of hospital or institution: **B. C. T. B. Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **2 mo. 10 days**
 (Specify whether years, months or days) **2.5 years** **0**

3. (a) PRINT FULL NAME **Raymond Thrasher**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **# 497-16-3734**

4. Sex **male** **5. Color or race** **white**
6. (a) Single, widowed, married, divorced **married**
6. (c) Age of husband or wife if alive **33** years
7. Birth date of deceased **May 2** **29** **1904**
 (Month) (Day) (Year)

8. AGE: Years **37** Months **1** Days **9**
 If less than one day _____ hr. _____ min.

9. Birthplace **Des Moines** **Iowa-1**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business _____

MOTHER FATHER
12. Name **Harry Thrasher**
13. Birthplace **Iowa-1**
 (City, town, or county) (State or foreign country)

14. Maiden name **Rose Carpenter**
15. Birthplace **Iowa-1**
 (City, town, or county) (State or foreign country)

16. (a) Informant **H. C. T. B. Hosp. records**
 (b) Address **Lucas - Mo -**

17. (a) Burial Hills **Floral Hills** (b) Date thereof **July 10, 1941**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Floral Hills**

18. (a) Signature of funeral director **Mrs. C. L. Forster**
 (b) Address **918 E. Wynn**

19. (a) **7-10-41** **00** **M. M. Crowe**
 (Date received local registrar) (b) (Registrar's signature)
361

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson**
 (c) City or town **Kansas City**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **520 East 2400 St Terrace**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **8th** year **1941** hour **4** minute **25** P. M.
21. I hereby certify that I attended the deceased from **Apr. 28**
 _____, 19 **41**, to **July 8**, 19 **41**
 that I last saw him alive on **July 8**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Pulmonary tuberculosis**
 Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Duration _____
 Physician _____

Major findings: _____
 Of operations _____
 Of autopsy **Large cavity in each apex (5 inch in diameter)**

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? _____

While at work _____ (Specify type of place) _____ (e) Means of injury _____
23. Signature **C. Meyer** (M. D. or other) **0**
 Address _____ Date signed _____

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 *Wenzel C. Browning*

Licensed Embalmer No. *2724*

P. O. Address *Reno*

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.