DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24792

Registration District No. 148 Primary Registration District No. 5212 Registrar's No. 19

1. PLACE OF DEATH:
(a) County Cass
(b) City or town Mt Pleasant Township
(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 1 (Specify whether
In this community 8 wks years, months or days)

2. USUAL RESIDENCE OF DECEASED: 019
(a) State Mo. (b) County Cass
(c) City or town Mt. Pleasant, Twn.
(If outside city or town limits, write "RURAL")
(d) Street No. 1¼ S. Belton Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME WILLIAM M. THALHEIMER
3. (b) If veteran, name war —
3. (c) Social Security No. 487-12-6868
4. Sex Male
5. Color or race Wh.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie Thalheimer
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Apr. (Month) 25 (Day) 1877 (Year)

8. AGE: Years 64 Months 3 Days 6 If less than one day hr. min.

9. Birthplace Connersville (City, town, or county) Ind. (State or foreign country)
10. Usual occupation Ret. Accountant
11. Industry or business —
FATHER
12. Name Nicholas Thalheimer
13. Birthplace Cincinnati (City, town, or county) Ohio (State or foreign country)
MOTHER
14. Maiden name Frangisha Schmidt
15. Birthplace Connersville (City, town, or county) Ind. (State or foreign country)
16. (a) Informant's own signature Mrs. Leo F. Kieffer
(b) Address Davenport, Iowa.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 2 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Belton, Mo.
18. (a) Signature of funeral director E. K. George & Sons
(b) Address Belton Mo
19. (a) 7-31-41 (Date received local registrar) (b) R M Miller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1941 hour 10 minute 15 A M.
21. I hereby certify that I attended the deceased from July 30, 1941, to July 31, 1941; that I last saw him alive on July 31, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature R M Miller (M. D. or other) D
Address Belton Date signed 7-31-41

(Licensed Embalmer's Statement on Reverse Side)

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

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.....A. K. George.....

Licensed Embalmer No.....3645.....

P. O. Address.....Greenville, Me.....

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, above space should be left blank.