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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31444

Registration District No. 262 Primary Registration District No. 5364 Registrar's No.

1. PLACE OF DEATH:
(a) County Dekalb
(b) City or town King City Rural Polk
(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 2 years (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dekalb 32
(c) City or town King City Rural Polk 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME Robert L. Thrailkill
3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ann Dellia
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased June 22 1869 (Month) (Day) (Year)
8. AGE: Years 72 Months 2 Days 18 If less than one day hr. min.
9. Birthplace Holt County (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name James Thrailkill
13. Birthplace Grundy Co. Ind / (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Ann Adlatt
15. Birthplace Evansville Ind. / (City, town, or county) (State or foreign country)
16. (a) Informant B G Thrailkill
(b) Address The Gazette St. Joseph Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 11 4 (Month) (Day) (Year)
(c) Place: burial or cremation King City Mo.
18. (a) Signature of funeral director Lucile M. Wilson
(b) Address King City Mo.
19. (a) Sept 10 1941 (Date received local registrar) (b) E M Reynolds (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 9 year 1941 hour 3 minute P. M.
21. I hereby certify that I attended the deceased from June 23, 1941, to Sept 9, 1941; that I last saw him alive on Sept 9, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic congestion of lungs	3 days.
Due to Mitral insufficiency	
Due to	
Other conditions (Include pregnancy within 3 months of death) General anasarca	40 days.

Major findings:
Of operations none
Of autopsy none

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) no
(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 Mark H Rhoads (M. D. or other)
Address King City Mo Date signed 9/10-41

237 (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.....Lucile M. Wilson.....

Licensed Embalmer No.....2830.....

P. O. Address.....King City, Mo.....

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

If this body is not embalmed, fact should be so stated above.