

No. 2
1-4-41
17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 11 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38667

State File No. _____

Registration District No. 461

Primary Registration District No. 3024

Registrar's No. 71

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Lexington, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: city
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 49 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lafayette

(c) City or town Lexington
(If outside city or town limits, write "RURAL")

(d) Street No. 2
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Edgar Thorpe

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Sudden
death, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

4. Sex Mal 5. Color or race W 6. (a) Single, widowed, married, divorced 1 married

6. (b) Name of husband or wife E. Lise Duran 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Oct. 13 1873
(Month) (Day) (Year)

Immediate cause of death Natural Causes Duration _____
Infarct Coronary embolism
Drifting dead appendiculus
Red Blue left ear nose set - yellow
no evidence of violence

Due to _____

8. AGE: Years 68 Months 1 Days 3 If less than one day hr. _____ min. _____

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

10. Usual occupation Laborer

Other conditions (include pregnancy within 5 months of death) 94a

Major findings: Of operations _____

Of autopsy no autopsy

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Hugh Thorp

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

14. Maiden name Catherine Haskins

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

16. (a) Informant Mrs. E. Lise Thorp

(b) Address Lexington, Mo

17. (a) Burial (b) Date thereof 11-20-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lexington, Mo

18. (a) Signature of funeral director Winkler

(b) Address Lexington, Mo

19. (a) 11-15-41 (b) Delia Bates
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no accident

(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? no (Specify type of place) (e) Means of injury 3

23. Signature M. Martin (M. D. or other) _____
Address Delia Bates Date signed 11/15/41

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8,
District Health Officer
Date Filed 12-10-41

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 *Geo. A. McKeon*
Licensed Embalmer No. *2983*
P. O. Address *Greenington, Mo.*

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.