S. No. 2
I—1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 18 1942

Registration District No. 50842

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2780

Primary Registration District No. 3026

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Livingston

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

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

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 34 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston

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

(d) Street No. 717 Webster
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Everett Alexander Tharp

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

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

7. Birth date of deceased January (Month) 22 (Day) 1882 (Year)

8. AGE: Years 60 Months 0 Days 6 If less than one day hr. min.

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

10. Usual occupation Electrician

11. Industry or business

FATHER
12. Name Joseph Tharp
13. Birthplace near Browning (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Jane Russell
15. Birthplace Rural (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Carrie Beckley
(b) Address Braymer, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-30-'42 (Month) (Day) (Year)
(c) Place: burial or cremation Edgewood Cemetery

18. (a) Signature of funeral director F.B.Norman Funeral Home
(b) Address Chillicothe, Missouri

19. (a) JAN 29 (Date received local registrar) (b) LOU ELLA CURRY (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28
year 1942 hour 1 minute 15 P.M.

21. I hereby certify that I attended the deceased from Nov 14 1941 to Jan 28 1942
that I last saw him alive on Jan 28 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Mitral insufficiency — Duration 3 1/2 hrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 92 b

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)
(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 M. M. Prinell M.D. (M.D. or other)
Address Chillicothe Mo Date signed 1/29/42

(Licensed Embalmer's Statement on Reverse Side)

5—M01
x 1

FEB 20 [illegible]

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 Elton F. Norman & E. R. Norman (2374), Registered Apprentice No. ....., working under my personal supervision.

Signed Elton F. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Mo.

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

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

V. S. No. 2B
[illegible]—8-21-41
X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. .....

Registration District No. 508 Primary Registration District No. 3026 Registrar's No. 13

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Livingston

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

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

(d) Length of stay: In hospital or institution 1 DAY (Specify whether years, months or days)

In this community 34 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston

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

(d) Street No. 717 Webster (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Everett Alexander Tharp.

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex MALE

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife .....

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

7. Birth date of deceased JANUARY (Month) 22 (Day) 1882 (Year)

8. AGE: Years 60 Months 0 Days 0 If less than one day ..... hr. ..... min.

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

10. Usual occupation Electrition.

11. Industry or business .....

MOTHER FATHER

12. Name Joseph Tharp.

13. Birthplace Near-Browning (City, town, or county) Missouri (State or foreign country)

14. Maiden name Jane Russell.

15. Birthplace Rural (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Carrie Beckley.

(b) Address Braymer Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-30-42 (Month) (Day) (Year)

(c) Place: burial or cremation Edgewood Cemetry

18. (a) Signature of funeral director F. B Norman Furenal Home

(b) Address Chillicothe Mo

19. (a) JAN 29 1942 (Date received local registrar) (b) Lou Ella Curry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 28 year 1942 hour 1 minute 15 P.M.

21. I hereby certify that I attended the deceased from NOV 14 1941 to JANUARY 28 1942 that I last saw h. I. I. alive on JANUARY 28 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Mitral Insufficency.	3½ MON
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

92b

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)

(b) 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 M-M-Russell M.D. (M. D. or other)

Address Chillicothe Mo Date signed 1-29-42

5-2780