

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **6969**
Registrar's No. **38**

FILED MAR 11 1942
Registration District No. **8**

Primary Registration District No. **3020**

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

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Carthage** (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Mc Cune Brooks Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **12 days** (Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**
(c) City or town **Carthage** (If outside city or town limits, write "RURAL")
(d) Street No. **129 N. Mc Gregor** (If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country **X**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **21**
year **1942** hour **10** minute **45** A.M.

21. I hereby certify that I attended the deceased from **Aug 10 1942** to **Feb 21 1942**
that I last saw **him** alive on **2-20-42** and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) **932**

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?

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

3. (a) PRINT FULL NAME **Charles J. Thacker**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Divorced**

6. (b) Name of husband or wife **Mahalia Thacker** 6. (c) Age of husband or wife if alive **Unknown** years

7. Birth date of deceased **April 21 1875**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 10 -- hr. min.

9. Birthplace **Jasper County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Contractor**

11. Industry or business **Contracting**

12. Name **Mc Kinley Thacker**

13. Birthplace **Jasper County Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Linnie Shannon**

15. Birthplace **Unknown Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Margaret Field**

(b) Address **Kansas City Missouri**

17. (a) **Burial** (b) Date thereof **2-23-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Park Cemetery**

18. (a) Signature of funeral director **Ed. C. Ulmer**
(b) Address **1208 S. Garrison Ave.**

19. (a) **Feb. 23, 1942** (b) **Elizabeth Couplin**
(Date received local registrar) (Registrar's signature)

12 23

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..... *John S. Penneby*
Licensed Embalmer No. *4197*
P. O. Address..... *Carthage 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.