

No. 2
1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **8011**
Registrar's No. **24**

Registration District No. **2152 226** Primary Registration District No. **45-236-087**

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

1. PLACE OF DEATH:

(a) County **Shelby**
(b) City or town **Rural Bethel Mo**
(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 days 10 months 1 day**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Shelby**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **2 1/4 miles S.W. of Epworth**
(If rural, give location)
(e) Citizen of foreign country? **(Yes or No)**
If yes, name country _____

3. (a) PRINT FULL NAME **Judith Ann Thrasher**

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

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

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

7. Birth date of deceased **April 22 - 1941**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	10	1		hr. min.

9. Birthplace **Shelby Co. Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name **Hugh Thrasher**

13. Birthplace **Shelby Co. Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Phyllis Dorothy Osborne**

15. Birthplace **Shelby Co. Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Hugh Thrasher**

(b) Address **Bethel Mo.**

17. (a) **burial** (b) Date thereof **Feb. 26-1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **E. P. Thompson**

(b) Address **Bethel, Mo.**

19. (a) **Feb. 24-42** (b) **Madge Yorch**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **23**
year **1942** hour **6:00** minute **A** M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw h. _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Accident
Burned to death in a fire
Due to _____
that occurred the home
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Accident**
(b) Date of occurrence **Feb. 23-1942**
(c) Where did injury occur? **Home west of Bethel, Mo.**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
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While at work? _____ (e) Means of injury **Cooney**

23. Signature **E. P. Thompson** (M.D. or other)
Address **Shelbyville, Mo.** Date signed _____

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

MAR 5 1942

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.....

No Embalming....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

E. Hayes
Licensed Embalmer No. *1437*.....

P. O. Address.....

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.