

FILED APR 24 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

11369

Registration District No. 553

Primary Registration District No. 4328

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Mercer Co.
(b) City or town Princeton, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: "O"
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No (Specify whether 1)
In this community all his life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Mercer
(c) City or town Princeton Mo
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.R.
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country U

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Eli Thogmartin
3. (b) If veteran, name war no 3. (c) Social Security No. no

20. DATE OF DEATH: Month Jan day 7 year 1942 hour 1 minute 30 A.M.

4. Sex 0 5. Color or race white 6. (a) Single, widowed, married, divorced 0 single
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive years

21. I hereby certify that I attended the deceased from Dec 30, 1941 to Jan 7, 1942
that I last saw him alive on Jan 7, 1942
and that death occurred on the date and hour stated above.

7. Birth date of deceased Sept. 7, 1865
(Month) (Day) (Year)

Immediate cause of death Diabetic gangrene of leg
Duration 1 1/2 hrs

8. AGE: Years 76 Months 5 Days 0 If less than one day hr. min.

Due to Diabetes melitus 5 1/2

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

MOTHER FATHER { 12. Name John Thogmartin
13. Birthplace Tennessee (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

Major findings: Of operations 61
Of autopsy none
Underline the cause to which death should be charged statistically.

16. (a) Informant Jerry Thogmartin
(b) Address Princeton, Mo.

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? _____

17. (a) burial (b) Date thereof Jan. 8, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Princeton, Mo.

18. (a) Signature of funeral director Paul Neas
(b) Address Princeton Mo
19. (a) 1-9-42 (b) Jesse Alley
(Date received local registrar) (Registrar's signature)

23. Signature P. J. M. Perry (M.D. or other) MD
Address Princeton MO Date signed 1/7-42

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

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 *me*

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

Signed *Paul J. Moran*

Licensed Embalmer No. *2634*

P. O. Address *Baywater M*

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.