S. No. 2
1—9-4-41
. 5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1943

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 11613

Registration District No. 324 | Primary Registration District No. 3072 | Registrar's No. 61

**1. PLACE OF DEATH:**

(a) County: Saline

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

(c) Name of hospital or institution: 223 East Yearby (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community 15 years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: Saline 97

(c) City or town: Marshall (If outside city or town limits, write "RURAL") 1

(d) Street No. 223 East Yearby (If rural, give location) 2

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

If yes, name country .....

3. (a) PRINT FULL NAME: MOLLIE C. THORP

3. (b) If veteran, name war: ✓

3. (c) Social Security No.: ✓

4. Sex: Female

5. Color or race: W

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

6. (b) Name of husband or wife: Wm. M. Thorp

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

7. Birth date of deceased: Nov. (Month) 21 (Day) 1862 (Year)

8. AGE: Years 80 | Months 3 | Days 10 | If less than one day ..... hr. ..... min.

9. Birthplace: Saline Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: None

11. Industry or business: ✓

MOTHER FATHER

12. Name: John Baker

13. Birthplace: ✓ (City, town, or county) Ga. (State or foreign country)

14. Maiden name: Nancy Wood

15. Birthplace: ✓ (City, town, or county) Ga. (State or foreign country)

16. (a) Informant: Mrs C C Hansbro

(b) Address: Marshall Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mch 3-1943 (Month) (Day) (Year)

(c) Place: burial or cremation: Ridge Park Cem.

18. (a) Signature of funeral director: Campbell-Lewis

(b) Address: Marshall Mo

19. (a) 3-2-43 (Date received by local registrar) (b) Mrs T. O. Westbrook (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Mch, day 1, year 1943, hour 11, minute 20 P.M.

21. I hereby certify that I attended the deceased from June 1942 to March 1 1943, that I last saw her alive on March 1 1943, and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Cerebral hemorrhage | |
| General paralysis | 3 da |
| Due to: X | |
| Due to: X | |
| Other conditions (Include pregnancy within 3 months of death): X | |
| Major findings: Of operations: X | |
| Of autopsy: X | |

§30

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: H. C. Putman (M. D. or coroner)

Address: Marshall Mo. Date signed 3-2-43

1215

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number .....
Date Filed 4-7-43

**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 R W Campbell
Licensed Embalmer No. 3469
P. O. Address Marshall 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.**