

Registration District No. **151** Primary Registration District No. **4240**

**1. PLACE OF DEATH:**  
 (a) County **Jackson**  
 (b) City or town **Blue Springs**  
(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 \_\_\_\_\_  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Jackson**  
 (c) City or town **Blue Springs**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Jacob Thatcher**  
 3. (b) If veteran name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **June** day **18**  
 year **1943** hour **12** minute **45 P.M.**  
**21. I hereby certify that I attended the deceased from** **June 15**  
 19**43**, to **June 15**, 19**43**;  
 that I last saw him alive on **June 18**, 19**43**  
 and that death occurred on the date and hour stated above.

4. Sex **M** 5. Color or Race **W**  
 6. (a) Single, widowed, married, divorced, **widow**  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **Feb 4 - 1864**  
(Month) (Day) (Year)

Immediate cause of death **Coronary occlusion**  
 Duration \_\_\_\_\_

**8. AGE:** Years Months Days If less than one day  
**79 4 16** hr. min.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) **94a**

9. Birthplace **Frankford Ind**  
(City, town, or county) (State or foreign country)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

10. Usual occupation **Retired Plaster**  
 11. Industry or business \_\_\_\_\_  
 12. Name **Peter Thatcher**  
 13. Birthplace **Indiana**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Matilda Woodruff**  
 15. Birthplace **Indiana**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Chris E. Thatcher**  
 (b) Address **RFD. 3 - K. E. Mo.**  
 17. (a) **Burial** (b) Date thereof **6-20-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Blue Springs, 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?  
(Specify type of place) (e) Means of injury \_\_\_\_\_  
 23. Signature **J. W. Tuttle MD** (M. D. or other)  
 Address **Blue Springs, Mo.** Date signed **6/18/43**

18. (a) Signature of funeral director **R. B. Witt**  
 (b) address **Blue Springs, Mo.**  
 19. (a) **June 25 43** (b) **Mrs. John Lawson**  
Date received local registrar (Registrar's signature)

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

MOTHER FATHER

**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. Bleib*.....

Licensed Embalmer No. *2353*.....

P. O. Address *Blue Springs 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.**