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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
LED JAN 10 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42574

State File No. _____

Registration District No. 150

Primary Registration District No. 5572

Registrar's No. 152

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

1. PLACE OF DEATH

(a) County Jackson

(b) City or town Rural Prairie Hill
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jackson Co. Emergency Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution since Nov 24/43
(Specify whether years, months or days)

In this community 15 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Independence Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 125 East Waldo
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George Thale

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1 year 1943 hour 12:00 minute noon M.

21. I hereby certify that I attended the deceased from Nov 14, 1943, to Dec 1, 1943; that I last saw him alive on Dec 1, 1943; and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Wh

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

6. (b) Name of husband or wife Margaret Thale

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

7. Birth date of deceased July 17, 1852
(Month) (Day) (Year)

Immediate cause of death Myocardial and renal infarction

8. AGE: Years 91 Months 4 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Miner

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Thale

13. Birthplace unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Hedges

15. Birthplace Louisia Missouri
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Margaret Thale

(b) Address 125 E Waldo, Indep Mo

17. (a) Burial (b) Date thereof 12-4-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cem.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) TCO

(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? _____

18. (a) Signature of funeral director Geo. E. Carson

(b) Address Independence, Mo

19. (a) Dec 3, 1943 (b) W. H. Schick
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature F. W. Little (M. D. or other) MD

Address Blue Springs, Mo Date signed 1/4/44

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

George C. Cannon

Licensed Embalmer No.

2249

P. O. Address

Independence, 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.