

FILED MAY 1 1944

Registration District No. **105194**Primary Registration District No. **5573A**Registrar's No. **2**

## 1. PLACE OF DEATH:

(a) County **Jackson**  
 (b) City or town **Rural** *Sml. A. Hwy. 4*  
 (c) Name of hospital or institution:  
**R. R. # 3 Oak Grove** *1 0 4*  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **40 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **ALBERT THATCHER, SR.**3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**6. (b) Name of husband or wife **Rosa Thatcher** 6. (c) Age of husband or wife if alive **13** years **1855** (Year)7. Birth date of deceased **July 13 1855**  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
**88 9 29** hr. min.9. Birthplace **No. DATA** **Illinois**  
(City, town, or county) (State or foreign country)10. Usual occupation **Retired Laborer**

11. Industry or business

12. Name **Unknown**13. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)14. Maiden name **Sarah Filkey**  
(City, town, or county) (State or foreign country)15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)16. (a) Informant **Albert Thatcher Jr.**(b) Address **Oak Grove, Mo.**17. (a) **Burial** (b) Date thereof **4-17-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **Mound Grove Cemetery**18. (a) Signature of funeral director **George Carson**(b) Address **Independence, Missouri.**19. (a) **Apr. 14, 1944** (b) **Mrs. Jessie M. Histon**  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** *40*  
 (c) City or town **Rural** **Oak Grove** *1 0*  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **R. R. # 3** (If rural, give location) **0**  
 (e) Citizen of foreign country? (Yes or No) **0**  
 If yes, name country **0**

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **12**  
year **1944** hour **4** minute **40** P. M.21. I hereby certify that I attended the deceased from **April 1, 1944**  
to **Apr. 12, 1944**that I last saw him alive on **April 12, 1944** and that death occurred on the date and hour stated above.Immediate cause of death **Coronary Thrombosis** Duration **2 1/2 hrs.**Due to **arteriosclerosis** **10 yrs.**

Due to

Other conditions **none**  
(Include pregnancy within 3 months of death)Major findings: **none** PHYSICIAN

Of operations

Of autopsy **none**

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

(a) Accident, suicide, or homicide (specify) **no**

(b) Date of occurrence

(c) Where did injury occur? **none**  
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**none**

While at work? (Specify type of place) (e) Means of injury

23. Signature **J. F. Histon** (M. D. or other)Address **Oak Grove Mo.** Date signed **4-15-44**

JUN 10 1947

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 *Dean Owens*

Licensed Embalmer No. *42-80*

P. O. Address. *Indep. 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.**