S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1945

Registration District No. 126

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6420

Primary Registration District No. 2001

Registrar's No. 74

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freeman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days (Specify whether years, months or days)
In this community 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 2003 Sgt.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jerry M Thickston
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lona Thickston
6. (c) Age of husband or wife if alive years
7. Birth date of deceased September (Month) 14 (Day) 1869 (Year)

8. AGE: Years 75 | Months 4 | Days 25 | If less than one day hr. min.

9. Birthplace Illinois (City, town, or county) I (State or foreign country)
10. Usual occupation sales clerk
11. Industry or business Salesman
FATHER
12. Name Elizah Thickston
13. Birthplace Illinois (City, town, or county) I (State or foreign country)
MOTHER
14. Maiden name Mary Staley
15. Birthplace Illinois (City, town, or county) I (State or foreign country)
16. (a) Informant Mrs Lona Thickston
(b) Address 2003 Sgt.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-9-45 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview.
18. (a) Signature of funeral director Hurlbut Undtkng Co.
(b) Address 212 Joplin St.
19. (a) 2-8-45 (Date received local registrar) (b) Gertrude Sudhorter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 7 year 1945 hour 5 minute 30 P M.
21. I hereby certify that I attended the deceased from Jan 29 1945, 19..., to ..., 19...; that I last saw him alive on 2/7/45, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia, Chronic Nephritis	
Due to: Hypertension, Chronic	
Due to: Chronic Nephritis	
Due to: General Arterio Sclerosis.	
Other conditions: Bronchopneumonia. (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 E. Ernest Johnson M.D. (M.D. or other)
Address 617 Frisco Joplin, Mo. Date signed 2/8/45

1204

(Licensed Embalmer's Statement on Reverse Side)

45-2-131

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~~ Donald L. Blue, Registered Apprentice No. 377 working under my personal supervision.

Signed Perry K. Hurlbert

Licensed Embalmer No. 919

P. O. Address Joplin 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.