S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6814

Registration District No. 297 Primary Registration District No. 4439 Registrar's No. 12

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Clark
(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) About 70 yrs.

In this community William C. Thrailkill

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph 8

(c) City or town Clark 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME William Columbus Thrailkill

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband ~~or wife~~ Sarah Cornelia Thrailkill

6. (c) Age of ~~husband or~~ wife if alive 82 years

7. Birth date of deceased March 13 - 1857
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
88	10	0	hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

12. Name W. Levi Thrailkill

13. Birthplace unknown 0
(City, town, or county) (State or foreign country)

14. Maiden name Minerva Mizer

15. Birthplace Unknown 0
(City, town, or county) (State or foreign country)

16. (a) Informant Melville C. Shores

(b) Address Clark, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 15-1946
(Month) (Day) (Year)

(c) Place: burial or cremation Chapel Grove

18. (a) Signature of funeral director Barnes & Booths

(b) Address Sturgeon, Mo.

19. (a) Jan 15-46 (Date received local registrar) (b) Neal Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Jan day 13 year 1946 hour 6 minute 20 M.

21. I hereby certify that I attended the deceased from Jan 1-45, 1945 to Jan 12, 1946 that I last saw him alive on Jan 12, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Infirmities of age only least Heart

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

162 K

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 0

23. Signature R. A. Woods (M. D. or other)

Address Clark Mo. Date signed 1-23-46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 3-46-367
Date Filed MAR 7 1946

MAR 22 1946

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 E Booth

Licensed Embalmer No. 4087

P. O. Address Slungear, 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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Randolph }

State File No.
Local Registrar's No.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 21st day of March, 1946, before me appears Ray Truesdell, who, upon his oath, states that the original record of ~~birth~~ death for William Columbus Thrailkill, died ~~born~~ January 13, 1946, in the State of Missouri, and which was filed at Moberly, Mo on Jan. 14, 1946, should be corrected as follows:

Item No. One should read William C. Thrailkill
Instead of William Columbus Thrailkill

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Ray Truesdell None
Relationship.

Clark, Missouri.
Present Address.

Subscribed and sworn to before me this 21st day of March, 1946.

My Commission expires Nov. 16, 1946.

W. E. Rice Justice of Peace ~~Notary Public.~~

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
25M-3-42
I X32339

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