

S. No. 2  
M-2-43  
7-5-17-39  
X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6929**

**FILED MAR 12 1946**

Registration District No. 366

Primary Registration District No. 6075

Registrar's No. 58

1. PLACE OF DEATH:

(a) County St. Francois  
(b) City or town Farmington RURAL St. Francois  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Mo. State Hospital No. 4 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 mos. 21 das.  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi 94  
(c) City or town Charleston  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JOHN THOMAS THORPE (THARP)

3. (b) If veteran, name war Unknown 3. (c) Social Security No. Unknown

4. Sex Male 0 5. Color or race W. 6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased February 14, 1862  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>11</u>	<u>13</u>	hr. _____ min. _____

9. Birthplace Ballard County Kentucky /  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

12. Name Josiah Tharp

13. Birthplace Ballard County, Kentucky /  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah C. Walker

15. Birthplace Ballard County, Kentucky /  
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof Jan. 29, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem., Charleston, Mo.

18. (a) Signature of funeral director Lair-Nunnlee

(b) Address Charleston, Missouri

19. (a) Feb. 12, 1946 (b) Ether Rudloff  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 27,  
year 1946 hour 4 minute 15 A. M.

21. I hereby certify that I attended the deceased from August 6, 1945 19. to January 27, 1946 19. ;  
that I last saw him alive on January 27, 1946 19. ;  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis - Generalized - 1 yr  
low water

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Senile Paralysis 1 yr  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy No autopsy. 97

Duration

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? \_\_\_\_\_

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

23. Signature James H. ... (M. D. or other) 0

Address Farmington Date signed 1/27/46

259

(Licensed Embalmer's Statement on Reverse Side)

710

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

74  
00

4  
number 346-1849  
3-11-46

**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..... *Paul K. Royal* .....

Licensed Embalmer No..... *4120* .....

P. O. Address..... *Farmington 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.**