

FILED SEP 26 1946

STANDARD CERTIFICATE OF DEATH

30943

State File No.

Registration District No. 199

Primary Registration District No. 5733

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Macon
(b) City or town Elmer Rural
(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: 5
In this community 5 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon 61
(c) City or town Elmer Rural
(d) Street No. 5
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Marion A. Thayer

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

4. Sex Male 5. Color or race wh 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ethel Thayer 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased 5-24-1873
(Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 28 If less than one day — hr. — min.

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

10. Usual occupation Farmer

11. Industry or business —

MOTHER FATHER { 12. Name Selah Thayer
13. Birthplace Maryland
14. Maiden name Harriet Henry
15. Birthplace Mo

16. (a) Informant Irene Thayer

(b) Address Elmer Mo R.F.D.

17. (a) Burial (b) Date thereof 8-24-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hull Cemetery

18. (a) Signature of funeral director H. S. Cowley

(b) Address Brewer Mo

19. (a) Sept 8 1946 (b) Daphne Stewart
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 22
year 1946 hour 7 minute A M.

21. I hereby certify that I attended the deceased from —, 19—, to —, 19—, that I last saw him — alive on —, 19—, and that death occurred on the date and hour stated above.

Immediate cause of death acute myocarditis
Due to (Dropped dead in barn yard)
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.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) —
(b) Date of occurrence 8-2-46
(c) Where did injury occur? Elmer Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? on farm

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

23. Signature H. S. Cowley Date signed 9/22/46
Address Brewer Mo

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

18X

RECEIVED
District Health Officer No. 70
District File Number 9-46-1769
Date Filed -- SEP-20-1946

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..... *A. G. Edwards*.....
Licensed Embalmer No..... *1961*.....
P. O. Address..... *Brewer, 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.