S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 6 1948

Registration District No. 71

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 9008

State File No. 423

Registrar's No. 39

1. PLACE OF DEATH:
(a) County CALLAWAY
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(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)
In this community ..... /

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone 10
(c) City or town Columbia, Missouri 2
(If outside city or town limits write "RURAL")
(d) Street No. 807 Again Street 4
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 1
If yes, name country .....

3. (a) PRINT FULL NAME James William Throckmorton

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race White

6. (a) ~~Single, widowed~~, married, ~~divorced~~ 1

6. (b) Name of ~~husband or~~ wife Margaret Louise

6. (c) Age of ~~husband or~~ wife if alive 30 years

7. Birth date of deceased October (Month) 13 (Day) 1918 (Year)

8. AGE: Years 29 | Months 3 | Days 13 | If less than one day ..... hr. ..... min.

9. Birthplace Edina (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Used car dealer

11. Industry or business .....

MOTHER FATHER

12. Name W. E. Throckmorton

13. Birthplace Le Belle (City, town, or county) Missouri (State or foreign country) 0

14. Maiden name Anna Gruby

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

16. (a) Informant W. E. Throckmorton
(b) Address Columbia, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 26, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Columbia, Mo

18. (a) Signature of funeral director Schlanker Funeral Home
(b) Address Montgomery City, Mo.

19. (a) Jan 28 1948 (Date received local registrar) (b) Jack Morris Kluff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 26 day January year 1948 hour 12 noon minute ..... M.

21. I hereby certify that I ~~attended the deceased~~ from ..... to ..... and that death occurred on the date and hour stated above.

Immediate cause of death: Decedent was called after he was last seen alive on the day of death as a result of injuries received in a fall while coming down a flight of stairs in his home in Montgomery City, Mo. Duration

Due to: Paul Leslie Coleman a few hours previously

Due to: ..... Duration

Other conditions (Include pregnancy within 3 months of death): Drunkenness & stupefied

Major findings:
Of operations: 0
Of autopsy: None

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) 70
(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 M. P. Garrett (M. D. or other) Coroner
Address Fulton Mo Date signed 1/26/48

(Licensed Embalmer's Statement on Reverse Side) call. with other Medical

RECEIVED
District Health Officer No. 9,
Date Filed 9-4-48

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 E Boone Schlanker

Licensed Embalmer No. 4136

P. O. Address Montgomery City, 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.