

FILED FEB 3 1948

Registration District No. 132

Primary Registration District No. 3021

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Grundy
 (b) City or town Trenton
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Cullers Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 hrs
(Specify whether
 In this community _____
years, months or days)

3. (a) PRINT FULL NAME Morton W. Thogmartin

3. (b) If veteran, name war _____ 3. (c) Social Security No. 708-14-2342

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Sera Thogmartin 6. (c) Age of husband or wife if alive 58 years
 7. Birth date of deceased July 20 1882
(Month) (Day) (Year)

8. AGE: Years 65 Months 5 Days 15 If less than one day _____ hr. _____ min.

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

10. Usual occupation Rail Road Section Labor

MOTHER FATHER
 12. Name John W. Thogmartin
 13. Birthplace Mo.
(City, town, or county) (State or foreign country)
 14. Maiden name Melissa Belle Kelso
 15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Sera Thogmartin
 (b) Address Spickard Mo.

17. (a) Burial (b) Date thereof 1-8-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Martin Cem. Grundy Co. Mo.

18. (a) Signature of funeral director Schober Funeral Home

(b) Address Spickard Mo.

19. (a) 1/17/48 (b) Erene Jan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Grundy 40
 (c) City or town Spickard
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan Day 5
 year 1948 hour 11 minute 25 M.

21. I hereby certify that I attended the deceased from Jan 5 1948 to Jan 5 1948 and that death occurred on the day and hour stated above.

Immediate cause of death Lob or Pneumonia Duration 1 day

Due to _____

Due to _____

Other conditions Lob pneumonia
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy lob

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 E J Miller (M. D. or other) _____
 Address Trenton Mo Date signed 1/17/48

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

MAR 3

1948

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..... *Ross Wise*

Licensed Embalmer No. *3771*

P. O. Address..... *Spickard 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.