FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 2 1948

Registration District No. 269

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3043

State File No. 23569

Registrar's No. 237

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

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Residence 2721 Hubbard (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 44

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

(d) Street No. 2721 Hubbard (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Samuel Parker Thrasher

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 Married

6. (b) Name of husband or wife Sarah E. Thrasher

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased December 21, 1869 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
78	7	2	hr. min.

9. Birthplace Marion County Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Boiler Maker

11. Industry or business Retired

FATHER

12. Name John F. Thrasher

13. Birthplace Marion County Missouri (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name Sarah E. Rush

15. Birthplace Marion County Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frank E Moore

(b) Address St. Louis Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/26/48 (Month) (Day) (Year)

(c) Place: burial or cremation Mount Olivet

18. (a) Signature of funeral director W. Crawford Smith

(b) Address 902 Broadway Hannibal Mo.

19. (a) 7-27-48 (Date received local registrar) (b) Dr E. M. Lucke (Registrar's signature) 189

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23 year 1948 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 1 1948 to July 23 1948; that I last saw him alive on July 20 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Recent coronary occlusion

Due to Coronary artero-sclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address Hannibal Mo. Date signed 7-26-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 W. Crawford Smith

Licensed Embalmer No. 3814

P. O. Address Hannibal Missouri

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.