

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D JUL 25 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22831
Do not use this space.

1. PLACE OF DEATH
(a) County St. Genevieve Registration District No. 779
(b) Township Franklin Primary Registration District No. 6024A Registered No. _____
(c) City Route 4 Farmington Street No. _____ St. _____
(d) Length of residence in city or town where death occurred yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number)
(e) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Nancy Ann Thurman
(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. A. Thurman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13 1856
7. AGE YEARS 82 MONTHS 0 DAYS 9 If LESS than 1 day,hrs. ormin.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. House Work
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve, Mo.
13. NAME Samuel Richard
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
15. MAIDEN NAME Elizabeth Catie
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
17. INFORMANT (NAME) (ADDRESS) J. A. Thurman
Farmington Route 4
18. BURIAL, CREMATION, OR REMOVAL PLACE Rock View DATE June 24 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. J. Boyer
7-9 Chestnut St.
20. FILED 7-9 1938 W. P. Luckenbach
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22 1938
22. I HEREBY CERTIFY, That I attended deceased from 6-18, 1938, to June 22, 1938. I last saw her alive on June 20, 1938. Death is said to have occurred on the date stated above, at 11:00 a.m.
The principal cause of death and related causes of importance were as follows:
chronic nephritis
Date of onset unknown
Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) W. P. Luckenbach, M. D.
(Address) Rock View, Mo.

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.....

C. J. Bayer

Licensed Embalmer No.....

1671

P. O. Address.....

Keokuk, 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, above space should be left blank.