

APR 19 1939

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

11629

Do not use this space.

1. PLACE OF DEATH

(a) County Montgomery Registration District No. 589  
 (b) Township \_\_\_\_\_ Primary Registration District No. 4387 Registered No. 11  
 (c) City Jonesburg (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME CHARLES M. THURMON

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Sophrona Thurmon (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 18, 1853  
 7. AGE YEARS 85 MONTHS 3 DAYS 0 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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. Rural Director  
 10. Date deceased last worked at this occupation (month and year) 1939 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) Warren County (STATE OR COUNTRY) Mo.

13. NAME James Thurmon 14. BIRTHPLACE (CITY OR TOWN) Pike Co. (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Susan E. Jones 16. BIRTHPLACE (CITY OR TOWN) near Warrenton (STATE OR COUNTRY) Mo.

17. INFORMANT Mr. Roland Thurmon (ADDRESS) Jonesburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Warrenton, Mo. DATE Mar. 20, 1939

19. FUNERAL DIRECTOR (NAME) F. W. Nieburg & Son (ADDRESS) Warrenton, Mo.

20. FILED Mar. 20, 1939 Mary Lou Fleener Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18, 1939

I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938, to March 18, 1939. Last saw him alive on March 15, 1939. Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis  
Coronary thrombosis  
92C

Date of onset

3/16/39

Other contributory causes of importance:

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? None Was there an autopsy? No

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? No  
 If so, specify Charles L. Searcy, M. D.  
 (Signed) \_\_\_\_\_ (Address) Warrenton, Mo.

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.

**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.....

*John F. Meberg*

Licensed Embalmer No.....

*389*

P. O. Address.....

*Warrenton, 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.**