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.

DEC 15 1939

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

39767
Do not use this space.

1. PLACE OF DEATH

(a) County Henry 2 Registration District No. 347

(b) Township Leesville 1 Primary Registration District No. 3501A Registered No.

(c) City (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 655 MARTHA JANE THURMAN

(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: Female
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: JOHN THURMAN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): JAN. 12, 1858

7. AGE: YEARS 81 | MONTHS 9 | DAYS 19 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: HOUSEWORK
9. Industry or business in which work was done, as saw mill, bank, etc.: HOME
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): FORT WAYNE INDIANA

FATHER
13. NAME: BEN BROWN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't know 1 9

MOTHER
15. MAIDEN NAME: 9
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't know 1

17. INFORMANT (ADDRESS): D. W. THURMAN

18. BURIAL, CREMATION, OR REMOVAL
PLACE: PARKS CHAPEL DATE: NOV. 3, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): CONSALUS + PECK CLINTON, MO.

20. FILED: 11-27, 1939 Dr J. R. Hampton 312 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1939, to Oct 31, 1939

I last saw her alive on Oct 17, 1939. Death is said to have occurred on the date stated above, at 9:30 p.m.

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

Coronary occlusion — Date of onset: Oct 17 39

94 hr

Other contributory causes of importance: none

Name of operation: none Date of

What test confirmed diagnosis? Clinical 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: none
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) S. B. Hughes M. D.
(Address) Clinton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 12-39-1661
Date Filed 12-12-39

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 Merrill Dale Snow

Licensed Embalmer No. 4034

P. O. Address Clinton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.