

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED MAR 7 - 1940

Registration District No. 281

Primary Registration District No. 4343

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Monroe

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

(c) Name of hospital or institution:  
511 N. Vine Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 65 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Missouri

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

(d) Street No. 511 N. Vine Street  
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Sarah Thurman

(b) If veteran, name war

(c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 31  
year 1940 hour 10 minute 45 P. M.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

(b) Name of husband or wife \_\_\_\_\_

(c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 28 1866  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7:30 P.M.  
JAN. 31 1940, to 10:45 P.M. JAN 31 1940

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>10</u>	<u>3</u>	hr. _____ min.

Immediate cause of death Shock

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

Due to Acute Intestinal Obstruction

10. Usual occupation At Home

Due to \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Lloyd Thurman

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

14. Maiden name Eliza Edlen

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

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs J. Johnson

(b) Address Monroe City, Mo R.F.D. 4

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

17. (a) Burial (b) Date thereof Feb 2 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warren Cemetery

(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? \_\_\_\_\_

18. (a) Signature of funeral director Wilson & Son

(b) Address Monroe City, Mo 1512

19. (a) Feb 2 1940 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Harold J. Ellis D.D. (M. D. or other) 3

Address Monroe City - Mo Date signed 2-1-40

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

6930

12213

RECEIVED

District Health Officer No. 10

District File Number 3-40-473

Date Filed MAR 4 1940

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 \_\_\_\_\_

working under my personal supervision. \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monro City, 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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 74327

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. 581

Primary Registration District No. 4343

Registrar's No. ....

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

R

1. PLACE OF DEATH:

(a) County Monroe

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

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community \_\_\_\_\_

3. (a) PRINT FULL NAME Sarah Thurman

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced X

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband, or wife, if alive \_\_\_\_\_ year

7. Birth date of deceased \_\_\_\_\_  
(Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name \_\_\_\_\_

{ 13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

{ 14. Maiden name \_\_\_\_\_

{ 15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_

(c) City or town \_\_\_\_\_  
(If outside city or town limits write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

20. DATE OF DEATH: Month Jan day 31  
year 1940 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death shoes

Due to acute intestinal obstruction

Due to possible malignancy &

Other conditions Chronic Myocarditis  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations 92 C

Of autopsy \_\_\_\_\_

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 Harold J. Ellis (M. D. or other) \_\_\_\_\_

Address Monroe City, Mo Date signed \_\_\_\_\_

SUPPLEMENTAL

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

