

Registration District No. 4200

Primary Registration District No. 4200

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Linn  
(b) City or town Browning  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: XXXXXXXXXX  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution XXXXX  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Argie Thurlo

8. (b) If veteran, name war XXX  
(c) Social Security No. 427-10-5048  
499-10-5049

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife XX 6. (c) Age of husband or wife if alive XXX years

7. Birth date of deceased February 13, 1911  
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>29</u>	<u>7</u>	<u>14</u>	_____ hr. _____ min.

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

10. Usual occupation Unemployed

11. Industry or business XXXXXXXXXXXX

MOTHER FATHER { 12. Name Hollis Thurlo

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

14. Maiden name Ida Jane Bailey

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

16. (a) Informant's own signature [Signature]

(b) Address Browning, Missouri

17. (a) Burial (b) Date thereof 9/19/1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hoover Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Linneus, Missouri

19. (a) Sept. 19, 1940 (b) Mrs. Rita Williams  
(Date recorded local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn  
(c) City or town Browning  
(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.? XXXXX years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 17  
year 1940 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from April 1940  
September 17, 1940, to September 17, 1940  
that I last saw him alive on Sept. 17, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Pulmonary Tuberculosis</u>	<u>1939</u>

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

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

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

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

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? \_\_\_\_\_

4410  
While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature J.R. [Signature] (M. D. or other)

Address Browning, Mo. Date signed 9/18

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.

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**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.....

*Clare A. Taylor*

Licensed Embalmer No.

*3761*

P. O. Address

*Linnus, 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.**