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ADDITIONAL SPACE FOR FURTHER STATEMENTS  
BY PHYSICIANS

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY LICENSED EMBALMERS

I. B. A. Phoades Licensed Embalmer No. 2479 hereby certify that  
the body recorded on the reverse side of this certificate was embalmed by Self L. E.  
No. \_\_\_\_\_ or by \_\_\_\_\_ - Registered student No. \_\_\_\_\_  
working under my personal supervision.

Signed

B. A. Phoades  
Licensed Embalmer No. 2479

NOTE: The above statement MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING.  
(Failure to comply with the above constitutes grounds for revocation of license).

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

4775

Registration District No.

903

Primary Registration District No.

6211

Registrar's No.

1. PLACE OF DEATH

- (a) County Washburn (b) City or town Smith T. P.  
(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  
In this community years, months or days)

3. (a) PRINT FULL NAME

Chas. E. Thurman

3. (b) If veteran, name war. 3. (c) Social Security No.

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

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

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

8. AGE: Years Months Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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 (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.

CERTIFICATION

20. DATE OF DEATH Month Jan day 17 year 1911 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19

- that I last saw him alive on and that death occurred on the date and hour stated above.

- Immediate cause of death Pneumonia Duration

- Bronchial Pneumonia

- Due to

- Due to

- Other conditions None (Include pregnancy within 3 months of death) 107

- 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?

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

23. Signature J. L. Fullerton (M. D. or other)

- Address Washburn, Mo. Date signed

