

FILED MAR 19 1941  
Registration District No. 1046

Primary Registration District No. 5810

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH: Newton

(a) County Newton

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

(c) Name of hospital or institution:  
4411 MAIN ST  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NONE  
(Specify whether)

In this community 35 years  
years, months or days

3. (a) PRINT FULL NAME George A. Thurman.

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 5. Color or race W

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

6. (b) Name of husband or wife Lela

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Aug. 8, 1874.  
(Month) (Day) (Year)

8. AGE: Years 66 Months 6 Days 2 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Calloway Co Mo;  
(City, town, or county) (State or foreign country)

10. Usual occupation LABOR

11. Industry or business Laborer

MOTHER FATHER { 12. Name Thomas Thurman  
Ky

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

14. Maiden name Elizabeth Ford

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

16. (a) Informant Sela Thurman

(b) Address 4411 Main St. Joplin Mo;

17. (a) Burial (b) Date thereof 2-11-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burkhardt Cem.

18. (a) Signature of funeral director Hurlbut Und. Co.;

(b) Address Joplin Mo.;

19. (a) 2-10-41 (b) Ed S. Jones  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 73

(a) State Missouri (b) County Newton

(c) City or town Joplin Mo;  
(If outside city or town limits, write "RURAL")

(d) Street No. 4411 Main St. Joplin Mo;  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? No years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. 8, 1941  
year \_\_\_\_\_ hour 9-00 P.M. minute \_\_\_\_\_ M. \_\_\_\_\_

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

that I last saw him dead alive on 2-9, 1941;

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

Immediate cause of death  Died Suddenly Duration \_\_\_\_\_

Natural Cause

Probably Organic

Due to Heart trouble

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

Other conditions (Include pregnancy within 3 months of death) No

PHYSICIAN \_\_\_\_\_

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

Of operations \_\_\_\_\_

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

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? \_\_\_\_\_

(Specify type of place)

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

23. Signature J. P. Reynolds (M. D. or other) \_\_\_\_\_

Address Measles, Mo. Date signed \_\_\_\_\_

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

73  
2  
5

115

RECEIVED

District Health Officer No. 01

District File Number 341-398

Date Filed MAR 7 1921

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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 *Sam B. Sinsney*

Licensed Embalmer No. 4099

P. O. Address *Joplin 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, fact should be so stated above.