

FILED MAY 19 1941

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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

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

Registration District No. 400

Primary Registration District No. 55538-4235 Registrar's No. 87

I. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Leis Summit  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
in Rear of 15 East 3rd Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12 yrs.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson  
(c) City or town Leis Summit  
(If outside city or town limits, write "RURAL")  
(d) Street No. 15 East 3rd Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME Johnnie M. Thurman

3. (b) If veteran name war no 3. (c) Social Security No. 499-10-9970

4. Sex male 5. Color or race W. 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife Arthur J. Thurman 6. (c) Age of husband or wife if alive 31 years  
7. Birth date of deceased Sept. 24-1909  
(Month) (Day) (Year)

8. AGE: Years 31 Months 7 Days 0 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Cook & Waiter

11. Industry or business Restaurant

MOTHER FATHER { 12. Name Arthur J. Thurman  
13. Birthplace Winchester Tenn  
(City, town, or county) (State or foreign country)  
14. Maiden name Myrtle Davidson  
15. Birthplace unknown Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur J. Thurman

(b) Address 3636 Woodland K.C. Mo.

17. (a) Burial (b) Date thereof 4-26-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Kingsville Mo

18. (a) Signature of funeral director T.W. Woodman

(b) Address Golden Mo.

19. (a) 4-24-41 (b) Paul S. Danner  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4-24-41 day \_\_\_\_\_  
year \_\_\_\_\_ hour \_\_\_\_\_ minute 4:35 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_;  
that I saw him/her alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

Bullet wound of chest  
Due to Self Inflicted  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 5 months of death)

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

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) suicide  
(b) Date of occurrence 4-24-41  
(c) Where did injury occur? Leis Summit Jackson Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
at 329 thru to work  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature Dr. Russell W. J. \_\_\_\_\_ (M. D. or other) \_\_\_\_\_  
Address K.C. Mo Date signed \_\_\_\_\_

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

**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 W B Langford

Licensed Embalmer No. 3833

P. O. Address Lee's Summit

**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.**