FILED JUN 16 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18331

Registration District No. 508. Primary Registration District No. 3026. Registrar's No. 85.

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

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Chillicothe
(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 13 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston 59

(c) City or town Chillicothe 1
(If outside city or town limits, write "RURAL") 2

(d) Street No. 204 - 1st Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? — 0 years.

3. (a) PRINT FULL NAME James Carl Thurlo

3. (b) If veteran, name war

3. (c) Social Security No. 490-10-3210

4. Sex Male ()

5. Color or race White

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

6. (b) Name of husband or wife Edith Thurlo

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased Feb. (Month) 5, (Day) 1902 (Year)

8. AGE:

Years	Months	Days	If less than one day
39	3	7	— hr. — min.

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

10. Usual occupation Laborer

11. Industry or business —

FATHER
12. Name Hollis Thurlo
13. Birthplace Unknown (City, town, or county) / Ohio (State or foreign country)

MOTHER
14. Maiden name Ida Bailey
15. Birthplace Unknown (City, town, or county) D Missouri (State or foreign country)

16. (a) Informant Richard A Thurlo
(b) Address Browning, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/14/41 (Month) (Day) (Year)
(c) Place: burial or cremation Browning, Missouri

18. (a) Signature of funeral director James D Gordon
(b) Address Chillicothe, Mo.

19. (a) May 13 '41 (Date received local registrar) (b) H M Grace, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
year 1941 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from Nour, 19__, to __, 19__;
that I last saw him alive on Nour, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Disease Heart!

Due to Sudden

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? (Specify type of place)
(e) Means of injury

9 42

While at work?

23. Signature Benjamin Carney Coroner (M. D. or other)
Address Chillicothe Mo. Date signed 5-13-1941

(Licensed Embalmer's Statement on Reverse Side)

2004

MAY 23 1949

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 Donald F. Gordan

Licensed Embalmer No. 4191

P. O. Address Chillicothe, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
-4-25-41
X27852

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STANDARD CERTIFICATE OF DEATH

State File No. 18331

Registration District No. 508 Primary Registration District No. 3026 Registrar's No. 85-

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

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County Livingston
(b) City or town Chillicothe
(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)

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) Citizen of foreign country (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James Carl Thurlo
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
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
39	3	7	hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month)-(Day)-(Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
year 1941 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.

	Duration
Immediate cause of death Disease Heart	
Due to Sudden	
Due to Acute Myocarditis	
Other conditions (Include pregnancy within 3 months of death)	

93-N

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?
(Specify type of place)
While at work? (e) Means of injury Coroner
23. Signature Reuben Carney (M. D. or other)
Address Chillicothe MO Date signed 7-24-1941