FILED SEP 19 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

28182
Do not use this space.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very impo

1. PLACE OF DEATH

(a) County: Daviess — Registration District No.: 254

(b) Township: Marion — Primary Registration District No.: 5358 — Registered No.:

(c) City: — (d) Street No.: Usual place of Residence, Daviess Co. Mo

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred: yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: Albert Thurber

(a) Residence, No.: Marion Twp St.:
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M — 4. COLOR OR RACE: — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*):

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Esta Thurber

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 11/1891

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	50	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.:

9. Industry or business in which work was done, as saw mill, bank, etc.: Farmer

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Marion Twp Daviess Co., Mo.

FATHER

13. NAME: William T. Thurber

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Handcock Co, ILL

MOTHER

15. MAIDEN NAME: Mary Fry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sharon, Penn

17. INFORMANT: Frank Thurber
(ADDRESS) 3028 Baltimore, K.C. Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Muddy DATE: 8/31/41, 19

19. FUNERAL DIRECTOR (NAME): G.S. Gromer
(ADDRESS) Pattonsburg, Mo.

20. FILED ..., 19 ...
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 28/41, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1941, to ..., 19...
I last saw him alive on ..., 19... Death is said to have occurred on the date stated above, at ...m.
The principal cause of death and related causes of importance were as follows:

Angina Pectoris — Date of onset

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?
If so, specify:
(Signed) Joseph Medes, M. D.
(Address) Pattonsburg, Mo

(Licensed Embalmer's Statement on Reverse Side)

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 G S Gromer

Licensed Embalmer No. 2857

P. O. Address Pattonsburg, Mo.

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

If this body is not embalmed, above space should be left blank.

S. No. 2B
I—8-21-41
I X29288

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. 28182

Registration District No. 254 Primary Registration District No. 5358 Registrar's No.

1. PLACE OF DEATH:

(a) County Daviess

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

(c) Name of hospital or institution: 6 Miles S & W of Pattonsburg, Mo.
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Daviess

(c) City or town Rural Marion Twp
(If outside city or town limits, write "RURAL")

(d) Street No. 6 Miles S & W of Pattonsburg, Mo
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Albert Thurber

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race

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

6. (b) Name of husband or wife Esta Thurber

6. (c) Age of husband or wife if alive 45 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

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) Oct 8/41 (Date received local registrar) (b) G S Gromer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. 28 day 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	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY