

FILED MAY 20 1942

Registration District No. 94

Primary Registration District No. 4077

Registrar's No. _____

1. PLACE OF DEATH: Franklin
 (a) County Franklin
 (b) City or town St. Clair, Mo.
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community _____
 years, months or days (Specify whether)

3. (a) PRINT FULL NAME Nancy Jane Thurmond
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female / 5. Color or race white
 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 31 1872
 (Month) (Day) (Year)

8. AGE: Years 70 Months 26 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation House wife

11. Industry or business _____
 MOTHER FATHER
 { 12. Name John Reed
 13. Birthplace unknown 9
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Elizabeth Wood
 15. Birthplace unknown 9
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature George W. Thurmond
 (b) Address 517 - Eldis Mo

17. (a) Burial (b) Date thereof April 28 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Chapel Hill

18. (a) Signature of funeral director Shirwood Pittell
 (b) Address St. Clair, Mo.

19. (a) APRIL 27 1942 P. J. King, M.
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Franklin
 (c) City or town St. Clair
 (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.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 26
 year 1942 hour 6 minute 30 A. M.
 21. I hereby certify that I attended the deceased from 3/1, 1942, to 4/26, 1942
 that I last saw her alive on 4-25, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Chc. Myocarditis ?
 Duration _____

Due to _____
 Due to _____
 Other conditions Fractured Hip
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations 1952
 Of autopsy 49
 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 W. J. Thurmond (M. D. or other)
 Address St. Clair, Mo. Date signed 4/27/42

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

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 important.

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.....

Paul F. Krollenberg

Licensed Embalmer No. *2631*

P. O. Address *5707 N. Highland*
St Paul

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.