S. No. 2
M—9-4-41
V. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 3 1942

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20462

Primary Registration District No. 1002

Registrar's No. 2414

1. PLACE OF DEATH:

(a) County: Jackson

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

(c) Name of hospital or institution: General Hospital No. 2 O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6-18-42 4½ hrs. (Specify whether years, months or days)

In this community 2 months

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1202 Tracy 8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: MAURICE THURMAN

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male 2

5. Color or race: Negro

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

6. (b) Name of husband or wife:

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

7. Birth date of deceased: March (Month) 29 (Day) 1942 (Year)

8. AGE: Years | Months: 2 | Days: ~~20~~ 19 | If less than one day: hr. min.

9. Birthplace: KansasCity (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Infant

11. Industry or business:

FATHER
12. Name: Wendell Thurman
13. Birthplace: (City, town, or county) Oklahoma (State or foreign country)

MOTHER
14. Maiden name: Anna Smith
15. Birthplace: Kansas City (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Record Clerk

(b) Address: General Hospital No. 2

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 6/22/42 (Month) (Day) (Year)

(c) Place: burial or cremation: Highland Cemetery

18. (a) Signature of funeral director: Hatkins Bros

(b) Address: 1729 Lydia

19. (a) 6/22/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18 year 1942 hour 11 minute 15 p.m.

21. I hereby certify that I attended the deceased from June 18, 1942 6:45 p.m., ~~x~~, to 11:15 p.m., ~~x~~; that I last saw h. 1m. alive on June 18, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Enlarged Thymus	
Due to: 14	
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? Means of injury:

23. Signature: B. C. Brown (M. D. ~~or other~~)

Address: Gen. Hosp #2-6th & 22 Date signed 6-19-42

(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.....Isaac Jerome Marlove

Licensed Embalmer No. 399

P. O. Address 2503 Highland

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.