V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 10 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31605

Registration District No. 360 | Primary Registration District No. 3076 | Registrar's No. 143

1. PLACE OF DEATH:
(a) County: Vernon
(b) City or town: Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Vernon Co Hospital
(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: 108 1 2
(a) State: Missouri (b) County: Vernon
(c) City or town: Nevada
(If outside city or town limits, write "RURAL")
(d) Street No. .....
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No): No
If yes, name country .....

3. (a) PRINT FULL NAME: MARNIE B THURSTON
3. (b) If veteran, name war: —
3. (c) Social Security No.: none
4. Sex: female
5. Color or race: White
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: Charles E Thurston
6. (c) Age of husband or wife if alive: 45 years
7. Birth date of deceased: Jan (Month) 18 (Day) 1891 (Year)
8. AGE: Years 51 | Months 7 | Days 28 | If less than one day ..... hr. ..... min.
9. Birthplace: S Dak (City, town, or county) (State or foreign country)
10. Usual occupation: Beauty Parlor Operator
11. Industry or business .....
FATHER
12. Name: D L Burger
13. Birthplace: Ger (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Rebecca S Marriott
15. Birthplace: Ohio (City, town, or county) (State or foreign country)
16. (a) Informant: Hilbertine Hieronymus
(b) Address: Eldorado Spgs Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-13-42 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~: Eldorado Spgs. Mo
18. (a) Signature of funeral director: Lyman Selder
(b) Address: Eldorado Springs. Mo
19. (a) September 11 1942 (Date received local registrar) (b) Elizabeth Berkeridge (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 11 year 1942 hour 8 minute 40 a.m.
21. I hereby certify that I attended the deceased from Aug 1 1942, to Sept 11 1942, that I last saw her alive on Sept 11 1942, and that death occurred on the date and hour stated above.
Immediate cause of death: Poisoning by Hg Cl2, suicide. — Duration: 15 hrs
Due to .....
Due to .....
Other conditions (Include pregnancy within 3 months of death) .....
Major findings: Of operations .....
Of autopsy .....
163 D
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): Suicide
(b) Date of occurrence: 9/10/42
(c) Where did injury occur? Eldorado Springs (City or town) Cedar (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? No (e) Means of injury: Swallowed Poison
23. Signature: J W Pearce (M. D. or other) MD
Address: Nevada Mo Date signed 9/11/42

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 10-42-1060
Date Filed 10-6-42

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 .....

Licensed Embalmer No. 2034

P. O. Address Edwards Springs Mo

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.