

FILED JAN 15 1943

Registration District No. **241**

Primary Registration District No. **5877**

Registrar's No. **39**

1. PLACE OF DEATH:

(a) County **New Madrid**  
(b) City or town **Portageville Township**  
(If outside city or town limits, write "RURAL" and name of township)

(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 **no.** (Specify whether)

In this community **4 years.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **New Madrid**  
(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")

(d) Street No. **Near Hogerton Mo.** (If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **6**  
year **1942** hour **4** minute **P** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him  alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death **No medical attendants, accidentally shot self while hunting near the wheat**

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) **accident O.P.**

(b) Date of occurrence **12-6-42**

(c) Where did injury occur? **New Madrid Co. Mo.** (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **While hunting in woods.** (Specify type of place) (e) Means of injury **Shot in chest**

23. Signature **Leo Hedgworth** (M.D. or other) **Deputy Coroner**

Address **New Madrid - 2** Date signed **12/10/42**

3. (a) PRINT FULL NAME **Marion Everett Thurman**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife **none** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **aug. 22 1926** (Month) (Day) (Year)

8. AGE: Years **16** Months **3** Days **15** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Fulton Ark** (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business **School Boy**

12. Name **Rufus Thurman**

13. Birthplace **Albion Tenn** (City, town, or county) (State or foreign country)

14. Maiden name **space** **Hub**

15. Birthplace **Ohio Co. Tenn** (City, town, or county) (State or foreign country)

16. (a) Informant **Rufus Thurman**

(b) Address **Portageville Mo.**

17. (a) **Burial** (b) Date thereof **12-7-1942** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Portageville Mo.**

18. (a) Signature of funeral director **W. C. Dean**

(b) Address **Portageville Mo.**

19. (a) **Dec-30-42** (b) **Edith Largent** (Date received local registrar) (Registrar's signature)

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

72  
0  
0

RECEIVED

District Health Office No. 2,

District File Number 143-38

Date Filed 1-4-43

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**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.....

*Noel C. Dean*

Licensed Embalmer No. 3941

P. O. Address Portageville  
*Missouri*

**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.**