S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FD APR 30 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14727

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 39

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution: 209 Jasper St Aurora MO (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 60 yr years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence

(c) City or town Aurora MO (If outside city or town limits, write "RURAL")

(d) Street No. 209 West Jasper (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Mary Lucy Thurman

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased March 16 (Month) (Day) 1859 (Year)

8. AGE: Years 84 Months Days 2 If less than one day ..... hr. ..... min.

9. Birthplace Leclade (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Willis Thurman

(b) Address 209 Jasper St Aurora MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/19/43 (Month) (Day) (Year)

(c) Place: burial or cremation German Evangelic

18. (a) Signature of funeral director Oscar Marsh

(b) Address Aurora MO

19. (a) 3/18/1943 (Date received local registrar) (b) Eunice Greene by AMT (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17 year 1943 hour one minute 45 AM.

21. I hereby certify that I attended the deceased from July 1-42 ~~Mar 17~~, 19~~43~~, to Mar 17, 1943 that I last saw her alive on Mar. 16, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to .....

Due to ..... 162 b

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) .....

(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 W. F. Herron (M. D. or other)

Address Aurora, MO Date signed Mar 16-43

1151

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6;
District File Number 443-476
Date Filed 4/22-43

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 Myself, Registered Apprentice No. ....., working under my personal supervision.

Signed Oscar L Marsh

Licensed Embalmer No. 3842

P. O. Address Aurora 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.