

No. 2
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-17-39

3765

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

X38697

Registration District No. 245

Primary Registration District No. 3047

Registrar's No. 111

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

1. PLACE OF DEATH:

(a) County NEWTON

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

(c) Name of hospital or institution:
203 So. Hamilton St 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County NEWTON

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

(d) Street No. 203 So. Hamilton St 1
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Joseph L. THURMAN

3. (b) If veteran, name war.....

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. Day 7 Year 1943 hour 4:20 minute 30 P. M.

4. Sex MALE 5. Color or race WHITE

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

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

7. Birth date of deceased: April 6 1890
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 10 1943 to Dec 7 1943

that I last saw him alive on Dec 7 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration.....

8. AGE: Years 73 Months 8 Days 1 If less than one day hr. min.

Due to Arteriosclerosis

Due to.....

9. Birthplace NEWTON COUNTY MISSOURI
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) g3a1

10. Usual occupation Chief of POLICE

Major findings: Of operations.....

11. Industry or business CITY OF NEOSHO

Of autopsy.....

PHYSICIAN.....
Underline the cause to which death should be charged statistically.

12. Name JOE THURMAN

13. Birthplace UNKNOWN MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name MATILDA PIERCE

15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant Ada Thurman

(b) Address Neosho Mo.

17. (a) Burial (b) Date thereof 12-10-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Neosho 2009 6m

18. (a) Signature of funeral director Carley Thompson

(b) Address Neosho Mo

19. (a) 12-13-1943 (b) Carley Thompson
(Date received local registrar) (Registrar's signature)

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 J. Reynolds (M. D. or other) MD
Address Neosho Mo Date signed.....

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RECEIVED 1-10-44
District Health Officer No. _____
District File Number 1243-249
Date Filed 1-10-44

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 Barley Thompson
Licensed Embalmer No. 325-9
P. O. Address Neosho 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.