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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10730

FILED APR 6 1944

Registration District No. 7

Primary Registration District No. 3012

Registrar's No. 50

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Excelsior Springs, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 months, 3 days (Specify whether
In this community 11 months, 3 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Mississippi (b) County Lee 22

(c) City or town Plantersville 0
(If outside city or town limits, write "RURAL")

(d) Street No. Route #1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME George W. Thunderburk

3. (b) If veteran, name war World War I

3. (c) Social Security No. None

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Rachel Thunderburk

6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased August 12, 1891
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
52	7	6	hr. min.

9. Birthplace ? (City, town, or county) Alabama 1 (State or foreign country)

10. Usual occupation Saw Mill Worker - unemployed

11. Industry or business " " " "

FATHER
12. Name T. Walt Thunderburk
13. Birthplace ? (City, town, or county) ? 9 (State or foreign country)

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

16. (a) Informant Hospital Records, Veterans Administration, Excelsior Springs, Mo.

(b) Address

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-18-44 (Month) (Day) (Year)

(c) Place: burial or cremation Removed to: Nettleton, Mississippi

18. (a) Signature of funeral director Herbert T. Hope

(b) Address HERBERT HOPE, Excelsior Springs, Mo.

19. (a) 3-18-44 (Date received local registrar) Mrs Sadie Redman (Registrar's signature)

1166

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18
year 1944 hour 9:40 minute A. M.

21. I hereby certify that I attended the deceased from April 15, 1943 to March 18, 1944
that I last saw him alive on March 18, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Tuberculosis, Pulmonary, Chronic, Active, Far Advanced, 4 severe	unknown
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

13 61

Major findings:
Of operations

Of autopsy NO 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 (e) Means of injury --

23. Signature Chas J Hufnagel (M. D. or other) MD

Address CHAS. J. HUFNAGEL, Major, M. C. Veterans Administration, Excelsior Springs, Mo. Date signed 3-18-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-5-40

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 Jas A. Moles

Licensed Embalmer No. 3296.

P. O. Address Ex 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.