S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 24 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12936

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 426

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2920 Penn Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Not (Specify whether
In this community 39 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 221 West Isabelle Street,
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Elizabeth Thuman
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Fred W. Thuman
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December (Month) 30 (Day) 1869 (Year)

8. AGE: Years 75 Months 3 Days 9 If less than one day hr. min.

9. Birthplace Quincy (City, town, or county) Illinois (State or foreign country)
10. Usual occupation None
11. Industry or business
FATHER
12. Name Clemens Steren
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Burt D. Thuman
(b) Address 1225 Fifth Ave., St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/11/1945 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1302 Faraon St., St. Joseph, Mo.
19. (a) 4-11-45 (Date received local registrar) (b) Helen I Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9th. year 1945 hour 3: minute 30 A.M.
21. I hereby certify that I attended the deceased from Apl 3, 1945, to to Apl 9, 1945, that I last saw her alive on Apl - 8 - 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Mitral Insufficiency	6 months
Due to Hepatic Carcinoma	1 yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 46 [illegible]

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 J R Elliott (M. D. or other) MD
Address 801½ Francis, St Joseph Mo. Date signed 4/9/45

1377 (Licensed Embalmer's Statement on Reverse Side)

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 Albert R. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, 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.