

U.S. No. 2  
OM-5-43  
Rev. 5-17-39  
I X36671

**FILED NOV 14 1945**

Registration District No. **177**

Primary Registration District No. **1003**

Registrar's No. **4550**

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

1. PLACE OF DEATH:

(a) County **Jackson**

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

(c) Name of hospital or institution: **2446 Vine, 1st Floor**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community **25 years**

3. (a) PRINT FULL NAME **Rias Thurman**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **496-09-4985**

4. Sex **Male** 2

5. Color or race **Col**

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

6. (b) Name of husband or wife **Annie Thurman**

6. (c) Age of husband or wife if alive **45** years

7. Birth date of deceased **May 9, 1897**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>48</b>	<b>5</b>	<b>22</b>	hr. _____ min. _____

9. Birthplace **Montgomery Alabama**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Hod-Carrier**

11. Industry or business \_\_\_\_\_

12. Name **Rias Thurman**

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

14. Maiden name **Matilda**

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

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

(b) Address **2446 Vine**

17. (a) **burial** (b) Date thereof **11/3/45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lincoln Cemetery**

18. (a) Signature of funeral director **Holtzner Bros.**

(b) Address **1729 Lydia**

19. (a) **11-3-45** (b) **Sheldine Holmes**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** 48

(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL") 3

(d) Street No. **2446 Vine St., 1st Floor**  
(If rural, give location) 4

(e) Citizen of foreign country? **No** (Yes or No) 0

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **04** - day **31**  
year **1945** - hour **11** minute **40** - P. M.

21. I hereby certify that I attended the decedent from \_\_\_\_\_  
**Deputy Coroner** 19\_\_\_\_  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertensive Heart Disease**

Due to **Chronic Nephritis**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: **1318**

Of operations \_\_\_\_\_

Of autopsy **Same as above**

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)

Signature **H. Williams** (M, D, or other) **Deputy Coroner**

Address **2436 - Birney** Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

11-3-45

**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.....

*J. J. Manlove*

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

**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.**