

FILED DEC 6 1945

Registration District No. 38

Primary Registration District No. 5/20

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia *Columbia, Mo.*

(c) Name of hospital or institution:
Route 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 85 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

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

(d) Street No. Route 3
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME RALPH ELLIOTT THURSTON

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mary Jane Rogers Thurston

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

7. Birth date of deceased 10 - 17 - 1860
(Month) (Day) (Year)

8. AGE: Years 85 Months 0 Days 18
If less than one day _____ hr. _____ min.

9. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER, FATHER { 12. Name John Wesley Thurston

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

14. Maiden name Mary Frances Elliott

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

16. (a) Informant Homer Thurston
(b) Address Columbia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-7-45
(Month) (Day) (Year)

(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Parker Funeral Service
(b) Address Columbia, Mo.

19. (a) Nov 7 1945 (Date received local registrar) (b) Mrs R E Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 5
year 1945 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from Jan 1st 1945 to Nov 5th 1945
that I last saw him alive on Oct 31st 1945
and that death occurred on the date and hour stated above

Immediate cause of death Myocarditis

Duration _____

Due to Valvular Disease of heart + Semisclerosis

Due to _____

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

Major findings: _____

- Of operations _____

Of autopsy 932

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 Royd Champion (M. D. or other) _____
Address 506 Cherry St Columbia Mo Date signed 11-6-45

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

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

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

Thomas L. Loring

Licensed Embalmer No.

4132

P. O. Address

Columbia, 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.