

Registration District No. 228 Primary Registration District No. 580-8484-2 State File No. _____ Registrar's No. 71

1. PLACE OF DEATH:
(a) County Montgomery
(b) City or town Jonesburg, Mo.
(c) Name of hospital or institution: 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 all 7 hrs (Specify whether years, months or days)

8. (a) PRINT FULL NAME Fronia E. Thurmon
8. (b) If veteran, name war. ✓ 8. (c) Social Security No. ✓

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: March 14 1856
(Month) (Day) (Year)

8. AGE: Years 89 Months 10 Days 16 If less than one day hr. _____ min. _____

9. Birthplace Warren County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____
12. Name John Leek
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Caroline Monte
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant: Roland Thurmon
(b) Address Jonesburg Mo
17. (a) Burial (b) Date thereof Feb 3 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Warrenton Mo

18. (a) Signature of funeral director L. A. Harding
(b) Address Jonesburg Mo
19. (a) Feb 4 1946 (b) Mrs May Miller
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Montgomery
(c) City or town Jonesburg Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) D
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31
year 1946 hour 6 minute 30 P M.
21. I hereby certify that I attended the deceased from Jan 20
1946, to Jan 31, 1946
that I last saw him alive on Jan 31, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction

Due to Cerebral Apoplexy
Due to hypertension
Other conditions (Include pregnancy within 8 months of death) _____

Major findings: Of operations _____
Of autopsy 830

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) (a) Means of injury _____
23. Signature John Leek (M. D. or other) _____
Address Jonesburg Mo Date signed 2/4/46

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

70
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5512

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 3-6-46

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 Paul A. Anderson

Licensed Embalmer No. 4115

P. O. Address Jonesburg 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, above space should be left blank.