

7. S. No. 2
FORM-2-43
Rev. 5-17-39
I X35897

8507

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 12 1946
Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 59

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

7433

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution:
401 Greenwood Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 22 Years
(Specify whether years, months or days)

In this community 22 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME ALICE G. THURMAN

3. (b) If veteran, name war None

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Madison Thurman

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

7. Birth date of deceased: 10 - 14 - 1861
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>83</u>	<u>4</u>	<u>20</u>	br. _____ min.

9. Birthplace: Lynchburg Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation: At Home

11. Industry or business _____

12. Name William H. Almond

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

14. Maiden name Elizabeth (unknown)

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

16. (a) Informant Mrs. J.R. Lipscomb

(b) Address Columbia, Mo.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof: 3-6-46
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Carver Funeral Service

(b) Address Columbia, Mo.

19. (a) 3-13-46
(Date received local registrar)

(b) Mrs. R. E. Palmer
(Registrar's signature)

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. 401 Greenwood Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 4
year 1946 hour 4 minute 10 P.M.

21. I hereby certify that I attended the deceased from November 29th, 1945 to Mar. 4th, 1946
that I last saw her alive on Mar. 4th, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary edema, acute Duration 24 hrs

Due to Cardio-vascular decompensation, acute 4 wks

Due to Hypertensive cardio-vascular disease 10 years

Other conditions: Cerebral apoplexy 2 mo
(Include pregnancy within 3 months of death)

Major findings: Emboli, arthritis PHYSICIAN _____
Of operations _____
Of autopsy 930
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? _____

While at work? _____ (Specify type of place) (e) Means of injury U

23. Signature Maurice E. Cooper (M. D. or other) M.D.
Address Columbia, Mo. Date signed 3/6/46

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 4-11-46

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 Tom McHarg
Licensed Embalmer No. 4067
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.