No. 2
I—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 9 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14193

Registration District No. 901 Primary Registration District No. 4450 Registrar's No. 215

1. PLACE OF DEATH:
(a) County Ripley
(b) City or town Doniphan (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Williams Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)
In this community 4½ years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ripley
(c) City or town 11 Miles East of Doniphan (If outside city or town limits, write "RURAL")
(d) Street No. rural (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME OLLIE WEBB THURMAN.
3. (b) If veteran, name war
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 B. M. Thurman
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased March (Month) 18 (Day) 1880 (Year)
8. AGE: Years 66 Months — Days 16 If less than one day ___ hr. ___ min.
9. Birthplace Obion (City, town, or county) Tennessee (State or foreign country)
10. Usual occupation Housewife
11. Industry or business —
MOTHER
12. Name Unknown
13. Birthplace (City, town, or county) Tennessee (State or foreign country)
FATHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Tennessee (State or foreign country)
16. (a) Informant Harlon Thurman
(b) Address Naylor, Mo. R-2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-3-46 (Month) (Day) (Year)
(c) Place: burial or cremation Spring Hill Cem.
18. (a) Signature of funeral director H. Jordan
(b) Address Doniphan, Mo.
19. (a) 4-5-46 (Date received by local registrar) (b) C. B. Johnston (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April, day 3, year 1946, hour 5, minute 15 A.M.
21. I hereby certify that I attended the deceased from March 15, 1946, to April 3, 1946; that I last saw him alive on April 3, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Embolus	
Due to: Penning broken hip.	3-30-46
Due to: Fall.	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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) accident
(b) Date of occurrence March 14, 1946
(c) Where did injury occur? Naylor (City or town) Ripley (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home (Specify type of place)
While at work? (e) Means of injury
23. Signature J. Williams (M. D. or other)
Address Doniphan, Mo. Date signed 4-3-46

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(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.....

Licensed Embalmer No. 3200

P. O. Address.....

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.