

U.S. No. 2
FORM-5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23370
Registrar's No. 101

Registration District No. 360 Primary Registration District No. 3076

08
1
2
28217
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
S. Washington St. 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 4.5 yrs. (Yes or No)
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Vernon 108
(c) City or town Nevada 1
(If outside city or town limits, write "RURAL")
(d) Street No. S. Washington St. 2
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM HENRY THURSTON
(b) If veteran, name war No.
(c) Social Security No. No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 17
year 1946 hour 9 minute 0 P. M.
21. I hereby certify that I attended the deceased from
Aug 13, 1946, to Aug 17, 1946
that I last saw him alive on Aug 17, 1946
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ellan J. Thurston
6. (c) Age of husband or wife if alive 86 years
7. Birth date of deceased March 14 1860
(Month) (Day) (Year)

Immediate cause of death Myocarditis with Decompensation
Due to possibly advanced age
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years 86 Months 5 Days 3 If less than one day _____ hr. _____ min.
9. Birthplace Benton County Mo
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER, FATHER
11. Industry or business _____
12. Name Jim Thurston
13. Birthplace Benton County Mo
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
16. (a) Informant Marie Thomas
(b) Address 638 E. Maple (Daughter)
17. (a) Burial (b) Date thereof 8-18-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Moore Cemetery
18. (a) Signature of funeral director Allen V. Hoyt
(b) Address Nevada Mo
19. (a) 8-26-46 (b) Nathyn Upcey
(Date received local registrar) (Registrar's signature)

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 0
23. Signature J. V. Love (M. D. or other)
Address Nevada, Mo. Date signed 8/29/46

7-46-898
8-30-16
Date Filed

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 H. H. Marmaduke
Licensed Embalmer No. 2070
P. O. Address Neodesa, 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.