

Registration District No. 279

Primary Registration District No. 4415

1. PLACE OF DEATH: Pike  
 (a) County: Clarksville  
 (b) City or town: Clarksville  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 19  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution: \_\_\_\_\_ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State: Missouri (b) County: Pike 82  
 (c) City or town: Clarksville  
 (If outside city or town limits, write "RURAL")  
 (d) Street No.: \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME: Chalmer Clement Thurmond  
 3. (b) If veteran, name war: \_\_\_\_\_ 3. (c) Social Security No.: \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month: Sept day: 9 year: 1946 hour: 10 AM minute: \_\_\_\_\_ M.  
 21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, 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: Single  
 6. (b) Name of husband or wife: \_\_\_\_\_ 6. (c) Age of husband or wife if alive: \_\_\_\_\_ years (Day) (Year)

Immediate cause of death: gum that in breast self-inflicted Duration: \_\_\_\_\_

7. Birth date of deceased: Dec 11 1901  
 (Month) (Day) (Year)

Due to: \_\_\_\_\_  
 Due to: \_\_\_\_\_

8. AGE: Years: 44 Months: 8 Days: 29 If less than one day: \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions: (Include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace: Louisiana (City, town, or county) Mo (State or foreign country)  
 10. Usual occupation: P. O. Clerk  
 11. Industry or business:  
 12. Name: U. B. Bud Thurmond  
 13. Birthplace: Clarksville Mo (City, town, or county) (State or foreign country)  
 14. Maiden name: Louisa J. Allison  
 15. Birthplace: Louisiana Mo (City, town, or county) (State or foreign country)

Major findings: Of operations: \_\_\_\_\_  
 Of autopsy: \_\_\_\_\_  
 22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify): suicide  
 (b) Date of occurrence: Sept 9 1946  
 (c) Where did injury occur: Clarksville Pike Mo (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? Post Office  
 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury: gunshot

16. (a) Informant: Chalmer Thurmond Higginbotham  
 (b) Address: Clarksville, Mo. RT 1 -  
 17. (a) Burial: \_\_\_\_\_ (b) Date thereof: Sept 11/46 (Month) (Day) (Year)  
 (c) Place: burial or cremation: Greenwood  
 18. (a) Signature of funeral director: Harry L. Barroff  
 (b) Address: Clarksville Mo  
 19. (a) 9-13-46 (b) Duke Richard (Registrar's signature) 25

23. Signature: J. A. Yoodin (Physician) 3  
 Address: Louisiana Mo Date signed: 9/14/46

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

12  
5  
0  
fee  
14  
46

20085

MOTHER FATHER

MAY 8 1947

DEC 2 1948

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, on Sept 9 - 19  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Clifton Miller

Licensed Embalmer No. 3364

P. O. Address Elkton, Md

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.