

No. 300  
-10-47  
5-17-39  
-I 3906

8940

FILED MAR 27 1948  
Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County JACKSON  
 (b) City or town KANSAS CITY  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: RESEARCH HOSPITAL 0  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 WEEK (Specify whether  
 In this community 44 YEARS years, months or days)

3. (a) PRINT FULL NAME Mrs. MARY A. THURMAN  
 (b) If veteran, name war No  
 (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED  
 (b) Name of husband or wife MR. JOHN THOMAS THURMAN 6. (c) Age of husband or wife if alive --- years  
 7. Birth date of deceased SEPTEMBER 29 1873  
 (Month) (Day) (Year)

8. AGE: Years 74 Months 5 Days +415 hr. \_\_\_\_\_ min.

9. Birthplace BROWN COUNTY ILLINOIS  
 (City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business \_\_\_\_\_

12. Name GEORGE CLINTON JANNEY  
 13. Birthplace MISSOURI  
 (City, town, or county) (State or foreign country)  
 14. Maiden name ANNIE GRAVES  
 15. Birthplace ENGLAND  
 (City, town, or county) (State or foreign country)

16. (a) Informant Lester C. Thurman  
 (b) Address 201 Box 116 Fallbrook Calif

17. (a) BURIAL (b) Date thereof MARCH 16 1948  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FOREST HILL CEMETERY

18. (a) Signature of funeral director O. H. Newcomer's Son

(b) Address 1401 BRUSH CREEKS BLD

19. (a) 3-16-48 (b) Geraldine Holmes  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County JACKSON  
 (c) City or town KANSAS CITY 48  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3840 THE PARK 380  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 14  
 year 1948 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis Duration \_\_\_\_\_  
carcinoma utero

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

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

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

Major findings:  
 Of operations 48/15  
 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) \_\_\_\_\_

(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 [Signature] (M. D. or other) MD

Address 1014 Alameda Date signed 3/15/48

10/14/2009  
2-5

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**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..... *Bernard L. Houn* .....

Licensed Embalmer No. *4250* .....

P. O. Address..... *HC No.* .....

**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.**