

REC'D JUN 16 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18875
Do not use this space.

1. PLACE OF DEATH

(a) County Miller Registration District No. 561
(b) Township Saline Primary Registration District No. 5753A Registered No. 87
(c) City Edwards (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Donald Edward Thurman
(a) Residence, No. _____ St. _____ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX mt 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-3-385A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant22. I HEREBY CERTIFY, That I attended deceased from May 2, 1938, to May 3, 1938I last saw him alive on May 3, 1938. Death is said to have occurred on the date stated above, at 3 P. m.6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2, 1938

The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 2St. Lymphatic Date of onset

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edwards Mo.13. NAME Clement Thurman14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.15. MAIDEN NAME Berterque Hansen16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baynet Mo.17. INFORMANT Mrs. R.P. Hansen
(ADDRESS) Edwards, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Edwards DATE 5-5-3819. FUNERAL DIRECTOR Phillips Funeral Home
(ADDRESS) Edwards Mo.20. FILED 5-4-38 Belle Hayes
Local Registrar

Name of operation _____ Date of _____

What test confirmed diagnosis? Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) E. O. Shelton M.D., M. D.(Address) Edwards Mo

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIAN SHOULD STATE

STATEMENT BY LICENSED EMBALMER

I, Louis D. Phillips, Licensed Embalmer No. 3663

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Self

L. E.

No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed Louis D. Phillips

Licensed Embalmer No. 3663

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)