

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2529

Registration District No. FILED FEB 7 1940 Registration District No. 378-41 Registrar's No. 10

1. PLACE OF DEATH:
(a) County HOWARD
(b) City or town FAYETTE - 4999
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community all life
years, months or days

3. (a) PRINT FULL NAME MARION THURMAN
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

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

8. AGE: Years 79 Months 10 Days 16
If less than one day hr. min.

9. Birthplace Fayette Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business:
MOTHER FATHER
12. Name Richard Thurman
13. Birthplace Ky
14. Maiden name Margaret Reclor
15. Birthplace Ky
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Margaret Bateman
(b) Address Fayette, Mo

17. (a) Burial (b) Date thereof Jan 23, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Halmut Ridge
18. (a) Signature of funeral director R. P. McEary
(b) Address Fayette, Mo

19. (a) Feb. 5-1940 (b) W. C. Bonham
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howard
(c) City or town Fayette
(If outside city or town limits, write "RURAL")
(d) Street No. 316 Compton
(If rural, give location)
(e) If foreign born, how long in U. S. A. ✓ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22
year 1940 hour 5 minute am M.

21. I hereby certify that I attended the deceased from Jan 20 1940, to 1-22 1940,
that I last saw him alive on 1-22 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Embolism
Duration 1 hr.

Due to Chronic Arteriosclerosis

Due to Cardiovascular Renal disease

Other conditions Diabetes
(Include pregnancy within 3 months of death)

Major findings: ✓
Of operations 121
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) 389
(e) Means of injury 117
28. Signature Dr. Bloom (M. D. or other)
Address Fayette, Mo Date signed 1-22-40

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2/7/40

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..... *K.P.M. Coary*
Licensed Embalmer No. *3156*
P. O. Address. *Jayette 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, above space should be left blank.