

Registration District No. 64 Primary Registration District No. 5100

1. PLACE OF DEATH:  
(a) County Benton Missouri  
(b) City or town Marsau Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location) 2-0  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days) 1 1/2  
3. (a) PRINT FULL NAME Minnie F. Thurman  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced marrit  
6. (b) Name of husband or wife Ed Thurman 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Aug 29 1894 (Month) (Day) (Year)

8. AGE: Years 65 Months 9 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name Thos. Tipton

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

MOTHER FATHER { 14. Maiden name Ruth Knorr

15. Birthplace Saint Knorr (City, town, or county) (State or foreign country)

16. (a) Informant Bryan Thurman

(b) Address Marsau Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Past Oak Cemetery Benton Mo

18. (a) Signature of funeral director Wm. J. ... (b) Address Bedalia

19. (a) June 9 1940 (Date received local registrar) (b) M. C. Watson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Benton  
(c) City or town Rural - Tristee (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 7 th  
year 1940 hour 2 minute 30 P. M.  
21. I hereby certify that I attended the deceased from June 2 1940, to June 7 1940  
that I last saw h. h alive on June 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza and meningitis (Cerebral)  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions 11/2  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? Yes (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Lee ... (M. D. or other) 1  
Address Marsau Mo Date signed 6-7-40

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

*Mrs. Watson*

RECEIVED  
District Health Officer No. 7,  
District File Number *7-40-1026*  
Date Filed *7-9-40*

**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 *Duane Ewing*

Licensed Embalmer No. *3847*

P. O. Address *Sedalia 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.**