

No. 2
4-13-40
-17-39
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FILED APR 24 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12372

State File No.

Registration District No. 887

Primary Registration District No. 4538

Registrar's No.

1. PLACE OF DEATH: WASHINGTON
 (a) County POTOSI
 (b) City or town POTOSI
 (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)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME SAMUEL H THURMAN
 3. (b) If veteran, name war WORLD 3. (c) Social Security No. No.

4. Sex MALE 5. Color or race W. 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife STELLA THURMAN 6. (c) Age of husband or wife if alive 45 years
 7. Birth date of deceased SEPT 19 - 1890
 (Month) (Day) (Year)

8. AGE: Years 50 Months 6 Days 22 If less than one day
 hr. min.

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

10. Usual occupation DRUGIST.

11. Industry or business

MOTHER FATHER
 12. Name Samuel J Thurman
 13. Birthplace Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Grace V Schewe
 15. Birthplace St. Genevieve Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs J. S. Thurman
 (b) Address Potosi Mo

17. (a) Burial (b) Date thereof April 13 41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation James Em. Potosi Mo

18. (a) Signature of funeral director J. B. Boyer
 (b) Address Potosi Mo

19. (a) April 15 41 (b) J. F. Resamed
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 110
 (a) State MISSOURI (b) County WASHINGTON
 (c) City or town POTOSI (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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 11
 year 1941 hour 12 minute - M.

21. I hereby certify that I attended the deceased from Sept. 1, 1940, to 4-11, 1941;
 that I last saw him alive on 4-11, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Labor pneumonia

Due to Chronic nephritis

Due to SB

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration
 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 _____

23. Signature Joseph L. Thurman (M. D. or other) _____
 Address Potosi, Mo. Date signed 4-15-41

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

REC'D 25 1945

FEB 1 1945

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.....

C. H. Boyd

Licensed Embalmer No. *4158*

P. O. Address: *To To Si Mia*

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.