

Registration District No. 448

Primary Registration District No. 5608

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Laclede Missouri
(b) City or town Conway Missouri
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede 53
(c) City or town Conway Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME THOMAS ALONZO THURMAN

3. (b) If veteran, name war V
3. (c) Social Security No. None

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ms. Alice Thurman
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 7 1875
(Month) (Day) (Year)

8. AGE: Years 66 Months 10 Days 9 If less than one day hr. _____ min. _____

9. Birthplace Dallas Co. Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name James Thurman
13. Birthplace Dan's Know 9
(City, town, or county) (State or foreign country)
14. Maiden name Alice Vincent
15. Birthplace Dan's Know 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lois Butler

(b) Address Springfield Mo.

17. (a) burial (b) Date thereof Nov 18, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Charity Mo.

18. (a) Signature of funeral director W. E. Halman

(b) Address Lebanon Mo.

19. (a) 12-18-41 (b) Alice Pica
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 16
year 1941 hour 1 minute 50 AM.

21. I hereby certify that I attended the deceased from 11-10, 1941, to 11-16, 1941;
that I last saw him alive on 11-15, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 107

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? 0

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. W. Hindsey (M. D. or other)
Address Conway Date signed 1-18-41

407

RECEIVED

District Health Officer No. _____

District File Number 12-41-16

Date Filed 12-23-41

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 Dorsey M. Howe
Licensed Embalmer No. 4222
P. O. Address Lebanon, 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, fact should be so stated above.