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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1942

Registration District No. 701

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5556

State File No. 21428

Registrar's No. 13

1. PLACE OF DEATH: (a) County: Jackson
(b) City or town: Rural Van Buren
(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: 8 years (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED: (a) State: Missouri (b) County: Jackson
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: 4 MI S.E. of LONE JACK
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

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3. (a) PRINT FULL NAME: Mattie Florance Thursby
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Henry Thursby
6. (c) Age of husband or wife if alive: 59 years
7. Birth date of deceased: Jan (Month) 1 (Day) 1890 (Year)
8. AGE: Years 52 Months 6 Days 1 If less than one day ___ hr. ___ min.
9. Birthplace: Walnut Shade (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
MOTHER FATHER
12. Name: William P. Leatherman
13. Birthplace: Walnut Shade (City, town, or county) Mo. (State or foreign country)
14. Maiden name: Elizabeth Crabtree
15. Birthplace: Ky. / (City, town, or county) (State or foreign country)
16. (a) Informant: Henry Thursby
(b) Address: Pleasant Hill Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 5 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Lone Jack Mo.
18. (a) Signature of funeral director: A. W. Brownfield
(b) Address: Pleasant Hill Mo.
19. (a) July 5, 1942 (Date received local registrar) (b) Mrs. Clifford Hunt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2 year 1942 hour 1.55 minute a M.
21. I hereby certify that I attended the deceased from Aug, 1940, to July, 1942, that I last saw her alive on July 1, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Uterus — Duration
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death): HBP
Major findings: Of operations:
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? (Specify type of place)
While at work? (e) Means of injury: 0
23. Signature: F. Murray M. D. (M. D. or other)
Address: Pleasant Hill, Missouri. Date signed 7/4/42

116 C (Licensed Embalmer's Statement on Reverse Side)

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

By Me July 2 1942

Registered Apprentice No.

working under my personal supervision.

Allen Brownfield

Signed Allen Brownfield

Licensed Embalmer No. 3785

P. O. Address Pleasant Hill, 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.