

S. No. 2
M-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38159

FILED DEC 10 1942

State File No.

Registration District No. 784

Primary Registration District No. 220

Registrar's No. 2509

Desloge No. 1
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
County St. Louis County
City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)
Length of stay: In hospital or institution 12-21-41 to 11-30-42
(Specify whether
In this community same
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 94
(a) State MISSOURI (b) County 4
(c) City or town FARMINGTON,
(If outside city or town limits, write "RURAL")
(d) Street No. 316 - COLLEGE st.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME THURMAN, Walter H.
3. (b) If veteran, name war W. W.
3. (c) Social Security No 286-05-4961

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 30.
year 1942, hour 14 minute 05 P.M.
21. I hereby certify that I attended the deceased from 12/21/1941
to 11/30/1942,
that I last saw him alive on 11/30/42
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Georgia Thurman
6. (c) Age of husband or wife if alive 10 years
7. Birth date of deceased Sept. 10 1896
(Month) (Day) (Year)

Immediate cause of death Diabetes mellitus.
Duration unknown

8. AGE: Years 46 Months 2 Days 20
If less than one day
— hr. — min.

Due to 61
Due to

9. Birthplace Willington, MO
(City, town, or county) (State or foreign country)

Other conditions amyotrophic lateral sclerosis.
Major findings: Of operations
Of autopsy

10. Usual occupation clerk

11. Industry or business

MOTHER FATHER
12. Name John Thurman
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Anna Reager
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Government Records,
(b) Address Vet. Adm. Fac., Jeff. Bks., Mo.

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?

17. (a) (b) Date thereof 12-2-42
(Month) (Day) (Year)

(c) Place: burial or cremation Desloge, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) DEC 2 - 1942 (b) C. H. Mc Gowan
(Date received local registration) (Registrar's signature)

Which work? (Specify type of place)
(c) Means of injury
Signature M. COCHRAN, M.D. (M. D. or other)
Address Chief Medical Officer. Date signed

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH

Without Incident of Death

AUG 9 1958

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 *J. J. Sullivan*

Licensed Embalmer No. *1122*

P. O. Address *City*

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.