

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED DEC 11 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 167

1. PLACE OF DEATH:
 (a) County Vernon County
 (b) City or town Neuada
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
302 S. Chestnut St. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 23 years
years, months or days

8. (a) PRINT FULL NAME Effie S. Thurman
8. (b) If veteran, **name war** **8. (c) Social Security No.**

4. Sex Female **5. Color or race** White **6. (a) Single, widowed, married,** 2 divorced, Widowed
6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if** _____
alive _____ years
7. Birth date of deceased March 15 - 1873
(Month) (Day) (Year)

8. AGE: Years 69 Months 7 Days 30 If less than one day _____
hr. min.

9. Birthplace Sagamamon County, Ill. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____
12. Name Benjamin Woodson
13. Birthplace Ill. 1
(City, town, county) (State or foreign country)
14. Maiden name Mary Thomson
15. Birthplace Ill. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Thurman
(b) Address 302 S. Chestnut St. Neuada, Mo.

17. (a) Burial **(b) Date thereof** 11 - 2 - 40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Newton Burial Park

18. (a) Signature of funeral director Allen O. Garza
(b) Address Neuada, Mo.

19. (a) November 6, 1942 **(b) Elizabeth Breckenridge**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Vernon
 (c) City or town Neuada
(If outside city or town limits, write "RURAL")
 (d) Street No. 302 S. Chestnut Street
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 31
 year 1942 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 27, 1939, Oct 31, 1942
 that I last saw her alive on Oct 30, 1942,
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis of
decompensation
Chronic interstitial
nephritis
 Due to _____
 Due to _____
 Other conditions Fracture Left Hip (Mar 8
(Include pregnancy within 3 months of death) (Mention)
 Major findings:
 Of operations _____
 Of autopsy 131a

Duration
3 yrs
3 yrs
3 yrs
 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 Elizabeth Breckenridge (M. D. or other)
 Address Neuada, Mo. Date signed 11-3-42

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

108
 1
 2

RECEIVED

RECEIVED

District Health Officer No. 7,

District File Number 12-42-1337

Date Filed 12-10-42

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 Allen T. Karp

Licensed Embalmer No. 1968

P. O. Address Nevada, 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.