No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 6 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35827

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 47

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

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Esther, Missouri
(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 Charles Hiram Thurman
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Nancy Thurman
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased February 18 1867
(Month) (Day) (Year)

8. AGE: Years 76 Months 7 Days 13 If less than one day hr. min.

9. Birthplace St. Genevieve Co. Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farming
FATHER
12. Name Charles Thurman
13. Birthplace St. Genevieve Co. Missouri
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Julia Ann Howard
15. Birthplace Walton, Illinois
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Nancy Thurman
(b) Address Esther, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/3/43 (Month) (Day) (Year)
(c) Place: burial or cremation Little Vines, St. Gen. Co.
18. (a) Signature of funeral director Sparks Funeral Home
(b) Address Flat River, Missouri
19. (a) Oct. 15-1943 (Date received local registrar) (b) Byrdie Buhrmester (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 1
year 1943 hour 3 minute A. M.
21. I hereby certify that I attended the deceased from Sept 15, 1943, to Oct, 1943
that I last saw him alive on Sept 28, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
aortic & mitral regurgitation	unk
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Ventricular fibrillation glomerular nephritis	
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
23. Signature [signature] (M. D. or other)
Address [illegible] Date signed 10-14-43

1146

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1143-2877

Date Filed 11-5-43

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 Everett Sparks

Licensed Embalmer No. 42877

P. O. Address Flat Rivers

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.