

FILED DEC 8 1943  
Registration District No. 8

Primary Registration District No. 4885

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

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town St. Clair  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether years, months or days) years

3. (a) PRINT FULL NAME Willis Thurman

3. (b) If veteran, name war 40

3. (c) Social Security No. 40

4. Sex male

5. Color or race W

6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife Minnie

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased: 3-2-1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

69 8 17 hr. min.

9. Birthplace Franklin Co. Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER

12. Name Marian Thurman

13. Birthplace Dont-Know  
(City, town, or county) (State or foreign country)

14. Name Ruby Pratt

15. Birthplace De Soto Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant William Thurman

(b) Address 1818 Kennet Place, St. Louis Mo

17. (a) Burial (b) Date thereof 11-21-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chapel Hill

18. (a) Signature of funeral director Sherwood Nettell

(b) Address St. Clair, Mo

19. (a) 11/20/1943 (b) P. J. King  
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Franklin

(c) City or town St. Clair  
(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.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 19  
year 1943 hour 10:00 minute 17 M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw him..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Accidentally hit by Frisco train

Due to fractured neck  
Crushed left side of chest

Due to fractured left arm

Other conditions (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations..... 169-6

Of autopsy..... 30

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 136

(b) Date of occurrence November 19, 1943

(c) Where did injury occur? St. Clair Franklin Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public Place  
While at work? ✓ (Specify type of place) (e) Means of injury hit by Frisco train

23. Signature Ernest P. Altman (M. D. or other)

Address Moral Dr, Mo. Date signed 11-19-43

**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..... *Sherwood Kitchell* .....  
Licensed Embalmer No..... *3873* .....  
P. O. Address..... *St. Clair, 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.**