

No. 2  
-5-43  
-17-39  
X36671

FILED JUN 22 1944  
Registration District No. **999**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:  
9th & Walnut  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 50 yrs (Specify whether years, months or days)

In this community 50 yrs

3. (a) PRINT FULL NAME Edward Alfred Thurgate

3. (b) If veteran, name war no

3. (c) Social Security No. 514-23-6802

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Kate May

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Dec 21 1867  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>5</u>	<u>17</u>	hr. min.

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

10. Usual occupation Retired

11. Industry or business Retired

12. Name Christopher Thurgate

13. Birthplace England  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Ellen

15. Birthplace England  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mc Murry

(b) Address RR #1 K.C.

17. (a) Removal (b) Date thereof 6/10/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation K.S. Kay Memorial Park

18. (a) Signature of funeral director Sebetos

(b) Address 901 E 5th

19. (a) 6-10-44 (b) T.E. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kans (b) County Wyandotte

(c) City or town K.C.  
(If outside city or town limits, write "RURAL")

(d) Street No. RR #1 K.C.K. 14  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 8  
year 44 hour 4:15 minute P M.

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

Immediate cause of death Arteriosclerotic heart disease

Duration —

Due to —

Due to 93 d

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy See form

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 O. J. White (M.D. of —)  
Address — Date signed 6/9/44

**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 \_\_\_\_\_

*Roy E. Snow*

Licensed Embalmer No. 2560

P. O. Address R. E. Snow

**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.**