

**FILED JUN 19 1944**

Registration District No. 210

Primary Registration District No. 3059

Registrar's No. \_\_\_\_\_

OK 100662  
22336

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

4  
2  
1

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Bonne Terre  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 12 days  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Bonne Terre 94  
(If outside city or town limits, write "RURAL") 2

(d) Street No. 410 Murrell  
(If rural, give location) 1

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME EMMA AUGUSTA THURMAN

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Henry Emery Thurman 6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased April 9 1865  
(Month) (Day) (Year)

8. AGE: Years 79 Months 1 Days 21 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Caton Rouge Louisiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Frank Miller II

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

14. Maiden name Rose Ball

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

16. (a) Informant George Thurman

(b) Address Bonne Terre Mo

17. (a) Burial (b) Date thereof 5-1-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Prigmore

18. (a) Signature of funeral director Bentham Hnd Co

(b) Address Bonne Terre Mo

19. (a) 6-7-44 (b) James Tolman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30  
year 1944 hour 1 minute 50 P. M.

21. I hereby certify that I attended the deceased from May 18, 44  
\_\_\_\_\_ 19\_\_\_\_ to May 30, 44 19\_\_\_\_

that I last saw him alive on May 20, 44 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive heart disease Duration \_\_\_\_\_  
Cerebral Hemorrhage  
Generalized arteriosclerosis

Due to Hypertension

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

938

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) (a) Means of injury \_\_\_\_\_

23. Signature W. J. ... (Date) or other \_\_\_\_\_  
Address Bonne Terre Mo Date signed 6-3-44

RECEIVED

District Health Officer No. 4

District File Number 644-3963

Date Filed 6-17-44

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**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 C. J. Claywell

Licensed Embalmer No. 3706

P. O. Address Brown Town Me

**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.**