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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 1 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26626

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3428

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1612 Benton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1612 Benton 8
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Adrena Workcuff Thurman

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Fe 3
5. Color or race Col
6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased May (Month) 7 (Day) 1875 (Year)

8. AGE: Years 70 Months 3 Days 4 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Etta Workcuff
(b) Address 1612 Benton

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/15/45 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Watkins Bros.
(b) Address 1729 Lydia

19. (a) 8-15-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11th year 1945 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from June 6, 1945, to August 10, 1945, that I last saw her alive on Aug 10, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Pyonephritis
Purulent Cystitis
Due to Uremia Coma
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration
2 weeks
2 weeks
24 hrs

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 [illegible] (M. D. or other) M.D.
Address 2434 Vine Date signed 8-14-45

(Licensed Embalmer's Statement on Reverse Side)

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 F. J. Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.