

FILED OCT 14 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 147

Primary Registration District No. 1002

Registrar's No. 4151

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:
1139 E. 5th
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community 36 years
years, months or days (Specify whether)

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. 1139 E. 5th 80
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Eather Thurmond

3. (b) If veteran, name war no

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27
year 1946 hour 12~~0~~ minute 25A M.

21. I hereby certify that I attended the deceased from July 7th 1946 to Sept 26 1946
that I last saw h. alive on Sept 26 1946
and that death occurred on the date and hour stated above.

4. Sex Fe ♂ 5. Color or race Col.

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

6. (b) Name of husband or wife Andrew Thurmond

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

7. Birth date of deceased unknown
(Month) (Day) (Year)

Immediate cause of death Mitral Regurgitation
Duration _____

8. AGE: Years About 93 Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation unemployed

11. Industry or business _____

MOTHER FATHER { 12. Name Henderson

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

14. Maiden name Phoebe

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

16. (a) Informant W. H. Thurmond, son

(b) Address 1139 E. 5th

17. (a) Burial (b) Date thereof 10-1-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland

18. (a) Signature of funeral director Adkins Bros.

(b) Address 2000 E. 12th K.C. Mo.

19. (a) 10-1-46 (b) Geraldine Holme
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 9 months of death)

Major findings: 92 B
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? _____

While at work _____
(Specify type of place) (e) Means of injury 0

23. Signature G. M. Brown (M. D. or other) _____
Address 1705 E 17 Date dictated 9-30-40

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

1705

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 A. T. Moore

Licensed Embalmer No. 948

P. O. Address.....

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.