S. No. 2
—12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9448
1350

FILED APR 1 1947

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

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: 2925 Michigan Avenue
(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)
In this community: 60 Years

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.: 2925 Michigan Avenue 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: CHARLES W. THURSTON

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Male C

5. Color or race: White

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

6. (b) Name of husband or wife: Mrs. Mary A. Thurston

6. (c) Age of husband or wife if alive: 71 years

7. Birth date of deceased: September (Month) 13th. (Day) 1874 (Year)

8. AGE:

Years	Months	Days	If less than one day
72	6	8	hr. min.

9. Birthplace: Parsons (City, town, or county) Kansas (State or foreign country)

10. Usual occupation: Retired

11. Industry or business: Wholesale Produce

FATHER
12. Name: Charles S. Thurston
13. Birthplace: Mt. Gilied (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name: Elizabeth Thurston
15. Birthplace: unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Mary A. Thurston
(b) Address: 2925 Michigan Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3 - 24 - 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Hill Cemetery

18. (a) Signature of funeral director: Freeman Mortuary & Chapel
(b) Address: 104 West 42nd. St. Kansas City, Mo.

19. (a) 3-22-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21st. year 1947 hour 1:15 minute P. M.

21. I hereby certify that I attended the deceased from December 14th, 1946 to March 20th, 1947 that I last saw h. alive on, 19; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Bronchopneumonia Coccus
Due to: Left Lung & Generalized
Due to: Metastases

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations: 4 C
Of autopsy: None

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: 0

23. Signature: [illegible] (M. D. or other)
Address: St. Joseph, Missouri Date signed: [illegible] 47

(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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.

Dr. Hugh Hatton
Whitelaw Bldg 31st & Troost
Mon 3:00 to 5:30