

No. 2
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-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24731
Registrar's No. 47

FILED AUG 9 7 1947

Registration District No. 179

Primary Registration District No. 5767

1. PLACE OF DEATH:

(a) County LINCOLN
(b) City or town TROY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LINCOLN
(c) City or town TROY
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ELIZABETH Q THURMAN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife JOHN THURMAN 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased DECEMBER 24 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 7 6 _____ hr. _____ min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business OWN HOME

MOTHER FATHER

12. Name DEWITT CLINTON RUSSELL

13. Birthplace SHELBYVILLE KY. 1
(City, town, or county) (State or foreign country)

14. Maiden name SARAH CATHERINE ELLIS

15. Birthplace SHELBYVILLE KY. 1
(City, town, or county) (State or foreign country)

16. (a) Informant MRS SUSIE WELLS DAU.

(b) Address TROY, MISSOURI

17. (a) BURIAL (b) Date thereof Aug. 1 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation TROY, MISSOURI

18. (a) Signature of funeral director Kemper Funeral Home

(b) Address Troy, Missouri

19. (a) Aug 2-1947 (b) Emma B. Riddle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30
year 1947 hour 1 minute 42 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw her alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy
extensive sclerosis
Senility
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____
Of autopsy _____

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? _____

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

23. Signature [Signature] (M. D. or other) _____
Address Troy, Mo Date signed 8/3

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

RECEIVED
District Health Officer No. 9,
District File Number 8-8-47
Date Filed

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..... *Joseph J. Marsh*
Licensed Embalmer No. *3932*
P. O. Address *Troy, Missouri.*

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.