

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

1. PLACE OF DEATH:
 (a) County Howard
 (b) City or town Fayette
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: -----
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution --- (Specify whether
 In this community Most of his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Howard
 (c) City or town Fayette
(If outside city or town limits, write "RURAL")
 (d) Street No. 205 Oakland Ave.
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country: ---

3. (a) PRINT FULL NAME Leslie Hume Thurman
 (b) If veteran, name war: -----
 (c) Social Security No. ---

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month October day 29th
 year 1947 hour 10:45 minute P. M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mildred Miller
 6. (c) Age of husband or wife if alive 46 years
 7. Birth date of deceased August 23, 1899
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 1945 to Oct 29 1947
 that I last saw him alive on Oct 29
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>48</u>	<u>1</u>	<u>29</u>	hr. <u>---</u> min. <u>---</u>

Immediate cause of death: Acute cardiac failure
 Due to: particular fibrill.
 Due to: -----

9. Birthplace Howard Co. Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Electrician

Other conditions -----
(Include pregnancy within 3 months of death)
 Major findings: -----
 Of operations: -----
 Of autopsy: -----

11. Industry or business: -----
 12. Name John Thurman
 13. Birthplace Louisville, Kentucky
(City, town, or county) (State or foreign country)
 14. Maiden name Stella Eloda Cloyd
 15. Birthplace Chariton Co. Missouri
(City, town, or county) (State or foreign country)

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? -----

16. (a) Informant Mrs Mildred Thurman
 (b) Address Fayette, Missouri
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-1-'47
(Month) (Day) (Year)
 (c) Place: burial or cremation Walnut Grove Cemetery
 18. (a) Signature of funeral director Ralph A. Carr
 (b) Address Fayette, Missouri
 19. (a) 11-1-47 (b) Donette Jan
(Date received local registrar) (Registrar's signature)

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 (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? -----

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(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 -----
 23. Signature Dr. J. Shaw (M. D. or other) M.D.
 Address Fayette, Mo. Date signed 10-31-47

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

11-14-47

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

Lloyd O Jaspering

Registered Apprentice No. *461*

working under my personal supervision.

Signed

Ralph A Carr

Licensed Embalmer No. *3340*

P. O. Address *Fayette 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.