

FILED OCT 29 1947-1

Registration District No. 35-1

Primary Registration District No. 6-81 6187

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Laney
(b) City or town Near Protem MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Name
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 8 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Laney 106
(c) City or town Protem MO 5
(If outside city or town limits, write "RURAL") 0
(d) Street No. Rural 0
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charley Thurman
(b) If veteran, name war no
(c) Social Security No. _____

20. DATE OF DEATH: Month July day 24
year 1947 hour 4 minute 5 M.

MEDICAL CERTIFICATION

4. Sex Male 5. Color W race W
6. (a) Single, widowed, married, divorced married
7. (b) Name of husband or wife Florence Thurman live 26 years
8. (c) Age of husband or wife if 13 years
9. Birth date of deceased Dec 13 1917
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 24 1947 to at death, 19____;
that I last saw him in bed anely July 24 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Shot with 27 Cal. Rifle through brain and chest
Due to unknown

Duration

Due to unknown
Other conditions 166
(Include pregnancy within 3 months of death)

8. AGE: Years 29 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Brandon MO (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Stiel Thurman

13. Birthplace Fancy Co MO (City, town, or county) (State or foreign country)

14. Maiden name May Catbrell

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

16. (a) Informant Florence Thurman

(b) Address Protem MO

17. (a) Buried (b) Date there July 29 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Protem MO

18. (a) Signature of funeral director James Foyly

(b) Address Fancy MO

19. (a) 10-25-47 (b) C. P. Allman
(Date received local registrar) (Registrar's signature)

Major findings: Bullet in brain and bullet in lung
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) unknown

(b) Date of occurrence July 24 1947

(c) Where did injury occur? Protem Laney MO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home in farm

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

23. Signature James Foyly (M., D., or other) Coroner

Address Brandon MO Date signed 7-28-47

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

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RECEIVED

District Health Officer No. 6,

District File Number 1047-1139

Date Filed OCT. 28 1947

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, ^{and} by.....

Elmer C. Forsyth....., Registered Apprentice No. 421
working under my personal supervision.

Signed Minnie L. Wheelock

Licensed Embalmer No. 2277

P. O. Address Branson 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.