No. 2
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5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 26 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42779

Registration District No. 316 Primary Registration District No. 3061 Registrar's No. 404

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Flat River, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
413 Reuter St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 25 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois 94
(c) City or town Flat River, Mo. 5
(If outside city or town limits, write "RURAL")
(d) Street No. 413 Reuter St. 2
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Mrs. Victoria 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 ELI THURMAN
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 20 (Month) (Day) 1867 (Year)

8. AGE: Years 80 Months 7 Days 3 If less than one day hr. min.

9. Birthplace Salem Community, Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Mr. James Bradley 9
13. Birthplace Unknown 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Minerva Gossett 0
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Joyce Post (Daughter)
(b) Address Greenwood, Mississippi.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 26-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Salem, Mo.
18. (a) Signature of funeral director Alvin W. Hood
(b) Address 303 Crane St. Flat River, Mo.
19. (a) 12-18-47 (Date received local registrar) (b) Esther Rudloff 299 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23
year 1947 hour 3 minute 10/a M.
21. I hereby certify that I attended the deceased from Nov. 1st 21, 1947, to Nov 23, 1947
that I last saw her alive on Nov. 22, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage — Duration 2 days.

Due to Arteriosclerotic Cardiovascular disease.

Due to

Other conditions Carcinoma of left Breast
(Include pregnancy within 3 months of death)

Major findings:
Of operations 50
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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature J. L. Foster (M. D. ~~or other~~)
Address Desloge Mo Date signed 12-11-47

(Licensed Embalmer's Statement on Reverse Side)

ED

Health Officer No. 4

District File Number 1247-1591

Date Filed 12-23-42

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 Alvin W. Hood

Licensed Embalmer No. 2780.

P. O. Address 303 Cisco St. Flat Rock,

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.