

No. 2  
1/47  
17-39

FILED OCT 21 1948 46  
Registration District No. 46

Primary Registration District No. 3026

State File No. \_\_\_\_\_  
Registrar's No. 308

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Residence, 1211 E. Walnut /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 35 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mr. Earl M. Thurman

3. (b) If veteran, name war none

3. (c) Social Security No. 486-03-2537

4. Sex male (1) 5. Color or race white

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

6. (b) Name of husband or wife Martha J. Thurman

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Jan. 28, 1888  
(Month) (Day) (Year)

8. AGE: Years 60 Months 8 Days 14 If less than one day 26 hr. \_\_\_\_\_ min.

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

10. Usual occupation Mechanic

11. Industry or business K. C. Power & Light Co.

12. Name Thos. J. Thurman

13. Birthplace unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Decker

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

16. (a) Informant Mrs. Martha J. Thurman

(b) Address 1211 E. Walnut, Independence, Mo.

17. (a) Burial (b) Date thereof 10 13 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation not listed here

18. (a) Signature of funeral director Geo. C. Carson

(b) Address Independence, Mo.

19. (a) 10-10-48 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Independence 4  
(If outside city or town limits, write "RURAL")

(d) Street No. 1211 E. Walnut 5  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 9  
year 1948 hour 7:30 minute P.

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

Immediate cause of death acute coronary occlusion

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 940  
(Include pregnancy within 9 months of death)

Major findings: Deputy Coroner  
Of operations \_\_\_\_\_

Of autopsy History & inspection

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 \_\_\_\_\_ (Specify type of means of injury)

23. Signature G. E. Usher (M. D. or other) MD  
Address 2800 Main 10/14/48

PHYSICIAN

Underline the cause of which death should be charged statistically.

OCT 22 1948

OCT 28 1948

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.....

*Richard D. Mullins*

Registered Apprentice No. 268

working under my personal supervision.

Signed

*Charles F. Tyler*

Licensed Embalmer No. 41534

P. O. Address Indy MD.

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 the body is not embalmed, fact should be so stated above.