

No. 300
-10-47
-17-39
I 3506

FILED NOV 16 1948

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4345

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: MCTR HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr - 11 mos - 17 days
(Specify whether years, months or days)
In this community 38 years

3. (a) PRINT FULL NAME THURMAN, JOHN

3. (b) If veteran, name war no 3. (c) Social Security No. 492-18-3680

4. Sex M 5. Color or race NEGRA 6. (a) Single, widowed, married, divorced S U

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

7. Birth date of deceased JULY 1ST 1886
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>3</u>	<u>22</u>	hr. _____ min.

9. Birthplace JOHNSTOWN MISSISSIPPI
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business _____

12. Name THURMAN, JOHN

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

14. Maiden name _____

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

16. (a) Informant MCTR HOSPITAL

(b) Address LEEDS, MISSOURI

17. (a) Removal (b) Date thereof Oct 26-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Scher's Catholic

18. (a) Signature of funeral director H. B. Shaw

(b) Address 1820 E. 18th St

19. (a) 10-25-48 (b) Heraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 1310 LYDIA AVE
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 23rd
year 1948 hour 3⁰⁰ AM minute _____ A.M.

21. I hereby certify that I attended the deceased from 11-6-46, 19____, to 10-23, 1948
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration 2 yrs.?

Due to _____

Due to _____

Other conditions 13th
(Include pregnancy within 3 months of death)

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? _____

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

23. Signature G. K. Landis G. K. Landis
(M. D. or other) (M. D. or other)
Address K.C. The Hosp Date signed _____

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

MOTHER FATHER

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 *H. B. Moore*

Licensed Embalmer No. *2410*

P. O. Address *B. 20 E. 18 St*

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.