

S. No. 2  
M-5-42  
5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED APR 7 1943

Primary Registration District No. 6075-

Registrar's No. 237

1. PLACE OF DEATH:

(a) County St. Francois Co

(b) City or town Farmington, Missouri (RURAL) St. Francois  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Mo State Hospital No. 42  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Mos 14 Das  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

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

(d) Street No. Unknown Route  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME FRANK THURMAN

3. (b) If veteran, name war Unknown

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Laura Smith (Thurman)

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

7. Birth date of deceased October 29, 1869  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
79	4	6	hr. min.

9. Birthplace St. Genevieve Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name Mr. Green Thurman

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

14. Maiden name Unknown

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

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 3-7-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Three Rivers, Missouri

18. (a) Signature of funeral director Charles Richardson

(b) Address Farmington, Missouri

19. (a) Mar. 22-1943 (Date received local registrar)

(b) Bundy Buhmester (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5  
year 1943 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from January 21, 1943 to March 5, 1943 1943;  
that I last saw him alive on March 5, 1943 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death Severe psychotic terminal bronchopneumonia and embolism

Duration 2 wks

Due to .....

Due to .....

Other conditions Acute paratuberculosis, non-specific, rt side 3 days

Major findings 44c

Of operations .....

Of autopsy No 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? .....

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

While at work? (Specify type of place) .....

Means of injury .....

23. Signature Tom Schuch (M. D. or other) MD

Address Farmington, Mo Date signed 3-19-43

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

MOTHER FATHER

1146

FILED

District Health Officer No. 4  
District File Number 443-1970  
Date Filed 4-5-43

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**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 Chas. Richardson  
Licensed Embalmer No. 3167  
P. O. Address Langston 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.**