

**FILED NOV 27 1946**  
Registration District No. 316

Primary Registration District No. 3060

Registrar's No. 364

1. PLACE OF DEATH:

(a) County St. Francois County  
(b) City or town Farmington, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
419 West Liberty  
(If not in hospital or institution, with street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 5 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County St. Francois  
(c) City or town Farmington  
(If outside city or town limits, write "RURAL")  
(d) Street No. 419 West Liberty  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT

FULL NAME George A. Thurman

3. (b) If veteran, name war \_\_\_\_\_ 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 Nancy Rickard 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 7 1856  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
90 5 13 hr. min.

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

10. Usual occupation retired farmer

11. Industry or business farming SELF

12. Name Richard Thurman

13. Birthplace Ste. Genevieve Co., Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Living Pinkston

15. Birthplace Ste. Genevieve Co., Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Lawrence Thurman

(b) Address Farmington, Mo.

17. (a) burial (b) Date thereof 11-24-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park View-Farmington

18. (a) Signature of funeral director C. F. Boyer

(b) Address Desloge, Mo.

19. (a) 11-22-46 (b) Cather Rudloff  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20  
year 1946 hour 8 minute A.M.

21. I hereby certify that I attended the deceased from Nov 1  
1946 to Nov 20 1946  
that I last saw him alive on Nov 19 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Malnutrition  
& Senility  
Due to arteriosclerosis, senility  
Psychosis  
Due to \_\_\_\_\_

Duration  
1 year

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy see (a)

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?

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury LI

23. Signature L. M. Stanfield (M. D. or other) MD  
Address \_\_\_\_\_ Date signed 11/24/46

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

MOTHER FATHER

RECEIVED

Health Officer No. 4  
File Number 1146-2907  
Date Filed 11-26-46

---

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 E. G. Boyer  
Licensed Embalmer No. 1671  
P. O. Address Desloge 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.