

Georgetown Times - June 30, 1948

Thurman Thompson Dies Monday

Thurman Morris Thompson, age 40, a well-known Georgetown contractor-painter, and a native of Scott county, died Monday morning at 12:08 o'clock at his home on South Broadway, after a one-year's illness. He was a member of the Georgetown Christian church.

Survivors include: his wife, Mrs. Flora Duncan Thompson; one son, Freeman Morris Thompson; his father, Mr. C. N. Thompson, of Stamping Ground; four sisters, Mrs. Forrest Penn, of Georgetown; Mrs. Cora Lee Cottrell of Stamping Ground; Mrs. Cofeman Brumback of Stamping Ground; and Mrs. Lewis Harrison of Lexington.

The funeral services will be held at Johnsons funeral home on Wednesday afternoon at 2:00 o'clock, with the Rev. George Jacobs, pastor of the Georgetown Christian church officiating, assisted by Rev. A. D. Houglin, pastor of the Georgetown Methodist church. Burial will be in the Georgetown cemetery.

Pallbearers will be: Bryan Lusby, Floyd Burch, Fred Moreland, Teddy Peters, Arthur Thompson, and George L. Crenshaw.



Thompson, Thurman Morris 1907 - 1948

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

13297
 State File No. _____
 Registrar's No. 77

COMMONWEALTH OF KENTUCKY
 Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 1330 Primary Registration District No. 2515

<p>1. PLACE OF DEATH:</p> (a) County <u>SCOTT</u> (b) City or town <u>GEORGETOWN</u> (If outside city or town limits, write RURAL) (c) Name of hospital or institution _____ (If not in hospital or institution write street number or location) (d) Length of stay: In hospital or community _____ (years, months or days)	<p>2. USUAL RESIDENCE OF DECEASED:</p> (a) State <u>KY</u> (b) County <u>SCOTT</u> (c) City or town <u>Georgetown</u> (If outside city or town limits, write RURAL) (d) Street No. <u>114.5 Broadway</u> (If rural give precinct) (e) If foreign born, how long in U. S. A.? _____ year
<p>3(a) FULL NAME <u>Thurman Morris Thompson</u></p> 3(b) If veteran, _____ 3(c) Social Security No. _____ Name war _____	
<p>4. Sex <u>MALE</u> 5. Color or race <u>WHITE</u> 6(a) Single, widowed, married, divorced <u>MARRIED</u></p> 6(b) Name of husband or wife <u>Ens. Clara Duncan</u> 6(c) Age of husband or wife if alive <u>34</u> Years 7. Birth date of deceased <u>Nov-21</u> 1907 (Month) (Day) (Year)	
<p>8. AGE: Years <u>40</u> Months <u>6</u> Days <u>7</u> If less than one day hr. min.</p> 9. Birthplace <u>SCOTT, Co.</u> 10. Usual occupation <u>PAINTER</u> 11. Industry or business <u>In. C. N. Thompson</u>	
<p>FATHER { 12. Name <u>Mr. C. N. Thompson</u> 13. Birthplace <u>Boone, Co.</u></p> <p>MOTHER { 14. Maiden name <u>Elizabeth Maria</u> 15. Birthplace <u>Franklin Co.</u></p>	<p>20. DATE OF DEATH <u>June 28 - 1948</u> 21. I hereby certify that I attended the deceased from <u>3 Apr 1948</u> to <u>28 June 1948</u>, that I last saw him alive on <u>12:07 AM 28 June 1948</u>, and that death occurred on the date stated above at <u>12:08 PM</u>.</p> <p>Immediate cause of death _____ DURATION _____ <u>Pulmonary edema</u> <u>Pneumonia</u> Due to <u>Pulmonary Tuberculosis</u> 11mo. Other conditions _____ (Include pregnancy within 3 months of death)</p> <p>Major findings: _____ Of operations <u>1948-1947</u> Of autopsy <u>?</u></p>
<p>16(a) Informant's own signature <u>Clara Duncan Thompson</u> (b) Address <u>#114 - South Broadway, Geo.</u></p> 17. BURIAL, CREMATION, OR REMOVAL Place <u>Georgetown</u> Date <u>June - 30 1948</u> 18(a) Signature of funeral director <u>Thurman's funeral home</u> (b) Address <u>114.5 Broadway, Georgetown</u> 19(a) <u>6-30-48</u> (Date received by local registrar) (b) <u>Betty Marshall</u> (Registrar's signature)	
<p>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? In or about home, on farm, in industrial place, in public place? _____ (Specify type of place) While at work? _____ (c) Means of injury _____ 23. Signature <u>W. G. Clark Jr. M.D.</u> (M. D. or other) Address <u>Georgetown Ky</u> Date signed <u>6-28-48</u></p>	