

N. B.—Every item of information 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.

M. Howden
 APR 11 1939

MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

10165
 Do not use this space.

1. PLACE OF DEATH
 (a) County Buchanan Registration District No. 85
 (b) Township Washington Primary Registration District No. 1001 Registered No. 323
 (c) City St. Joseph (d) Street No. St. Joseph's Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 20 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MRS. BERTY THORNTON WHITE
 (a) Residence, No. 2602 South 19th St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Newal C. White</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 7, 1896</u>				
7. AGE	YEARS <u>42</u>	MONTHS <u>6</u>	DAYS <u>18</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Olmstead, Illinois</u>			
	13. NAME <u>Robert C. Thornton</u>			
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Franklin County, Illinois</u>			
	15. MAIDEN NAME <u>Miss Holly T. Unken</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Zeigler, Illinois</u>				
17. INFORMANT <u>Newal C. White</u> (ADDRESS) <u>2602 S. 19th, City</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Auburn</u> DATE <u>March 27, 1939</u>				
19. FUNERAL DIRECTOR (NAME) <u>Fleeman & Son, Inc.</u> (ADDRESS) <u>1946 Calhoun, St. Joseph, Mo</u>				
20. FILED <u>Mar 27 39</u> <u>H. Neeselebach</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>March 25, 1939</u>	
22. I HEREBY CERTIFY, That I attended deceased from <u>Mar-19-1939</u> to <u>Mar-25-1939</u> I last saw h.er. alive on <u>Mar-25-1939</u> . Death is said to have occurred on the date stated above, at <u>12 Noon</u> The principal cause of death and related causes of importance were as follows: <u>Cerebral Embolus (arising from heart)</u> <u>108</u>	
Other contributory causes of importance: <u>Left Pneumonia</u> <u>Unilateral Left</u>	
Name of operation <u>None</u>	Date of _____
What test confirmed diagnosis? <u>None</u>	Was there an autopsy? <u>no</u>
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>no</u> Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
Manner of injury _____ Nature of injury _____	
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____ (Signed) <u>M. Howden</u> M. D. (Address) <u>620 Francis Street</u> <u>St. Joseph, Mo</u>	

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

John E. Papp

Licensed Embalmer No.

3986

P. O. Address

St. Joseph

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, above space should be left blank.