

FILED APR 8 1940

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

12691

Do not use this space.

1. PLACE OF DEATH
 (a) County Hepson Registration District No. 568
 (b) Township Shenell Primary Registration District No. 6149 Registered No. 7
 (c) City _____ (d) Street No. 2 St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME John G Thornton
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alice Thornton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 18 1857

7. AGE YEARS 83 MONTHS 1- DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer Retired

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) 1920 11. Total time (years) spent in this occupation 40.75

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Licking MO

13. NAME Frankie Thornton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known MO

15. MAIDEN NAME Frances Bradford

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known MO

17. INFORMANT Alice Thornton (ADDRESS) Licking MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Boone Creek Cem DATE 2-11-40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Smith & Ferguson Licking MO

20. FILED 2/28 1940 H. G. Deel Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 12 1940, to Feb 27 1940. I last saw him alive on Feb 27 1940. Death is said to have occurred on the date stated above, at 8:58 a.m. The principal cause of death and related causes of importance were as follows:
apoplexy Date of onset _____

Other contributory causes of importance:
nephritis (chronic) 1936

Name of operation none Date of _____
 What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? W 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? no
 If so, specify _____ (Signed) Lulu Landale M. D.
 (Address) Licking MO 776

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE APR 7 1940

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

Robert E Ferguson

Licensed Embalmer No.

2945

P. O. Address

Licking 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, above space should be left blank.