

FILED MAY 3 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16202

State File No. _____

Registration District No. 796

Primary Registration District No. 3038

Registrar's No. 66

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
500 South Benton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 65 years - (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline
(c) City or town Marshall
(If outside city or town limits, write "RURAL")
(d) Street No. 500 S. Benton
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

8. (a) PRINT FULL NAME Mrs. Ada Thornton

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife James 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan - 6 - 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 | 3 | 9 | _____ hr. min.

9. Birthplace Arrow Rock _____
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name A. G. Thornton 1
13. Birthplace Arrow Rock _____
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Jennie 0
15. Birthplace Cheshbrough Mo. _____
(City, town, or county) (State or foreign country)

16. (a) Informant Bessie Rader

(b) Address Marshall Mo. 500 S. Benton

17. (a) Burial (b) Date thereof Jan - 17 - 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation near Arrow Rock

18. (a) Signature of funeral director James Saege

(b) Address State St. Mo.

19. (a) 4-13-40 (b) Mary Kent
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan - day 15
year 1940 hour 9.00 minute 9-M.

21. I hereby certify that I attended the deceased from March 17
1940 to April 14 1940
that I last saw her alive on April 14 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Duration _____

Due to myocardial

Due to _____

Other conditions Senility 93%
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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?
712 (Specify type of place) _____

23. Signature John R. Lawrence (M. D. or other) _____
Address Marshall Mo. Date signed April 15-40

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

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 Heriman Dalze

Licensed Embalmer No. 1831

P. O. Address Slater 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.