

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHThornton
State File No. 31229

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 3792

1. PLACE OF DEATH:

- (a) County Jackson
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Luke's Hospital
 (If not in hospital or institution, write street number or location) 1
 (d) Length of stay: In hospital or institution 10 days
 In this community All his life (Specify whether years, months or days)

8. (a) PRINT FULL NAME Robert T. Thornton3. (b) If veteran, name war No. 3. (c) Social Security No. No.4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Virginia H. Thornton 6. (c) Age of husband or wife if alive 77 years7. Birth date of deceased July 31 1859
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
81 1 26 hr. min.9. Birthplace Missouri (City, town, or county) (State or foreign country)10. Usual occupation Retired11. Industry or business X12. Name Dr. Robert T. Thornton13. Birthplace Kentucky (City, town, or county) (State or foreign country)14. Maiden name Harriet Coward15. Birthplace Virginia (City, town, or county) (State or foreign country)16. (a) Informant Mrs. Lawrence H. Phister(b) Address 3625 Charlotte, Kansas City, Mo.17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-30-40 (Month) (Day) (Year)(c) Place: burial or cremation Forest Hill Cemetery18. (a) Signature of funeral director Stine & McClure(b) Address 3235 Gillham Plaza, K. C., Mo.19. (a) 9-30-40 (Date received local registrar) (b) M. M. Browne (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3625 Charlotte
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? No. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 27th
year 1940 hour 8:00 minute A. M.21. I hereby certify that I attended the deceased from Sept 16 - 19 40
1940, to Sept 27, 1940that I last saw him alive on Sept 27, 1940
and that death occurred on the date and hour stated above.Immediate cause of death Coronary disease
Duration

Due to

Due to

Other conditions Pyelonephritis
(Include pregnancy within 3 months of death) 940Major findings: No operation
Of operationsOf autopsy: Coronary sclerosis
Pyelonephritis

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?

361 While at work? (Specify type of place) (e) Means of injury

23. Signature Heide J. Ockerba (M. D. L)Address 1103 Grand BWS K.C. MO Date signed 9/28/40

Dr. Ockerblad,

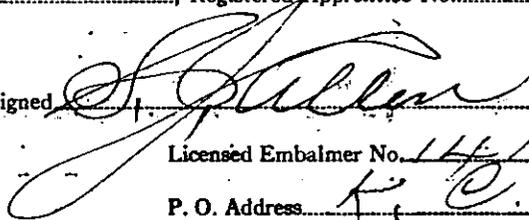
1-3-32
Proff-Blady

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



Licensed Embalmer No. 14410

P. O. Address K. C. M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.