

APR 9 1941

Primary Registration District No. **203**

Registrar's No. **12**

1. PLACE OF DEATH

(a) County Stanton - Tomp. Twp -
(b) City or town Harshaw - Packeb Pl.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stanton
(c) City or town Harshaw - Packeb Pl.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Hubert Donald Thorne

3. (b) If veteran, name war _____ 3. (c) Social Security No. 1

4. Sex m race w 6. Color or _____
6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife If
_____ alive _____ years
7. Birth date of deceased May 16 1937
(Month) (Day) (Year)

8. AGE: Years 3 Months 9 Days 28 If less than one day
_____ hr. _____ min.

9. Birthplace Penion (City, town, or county) Mo. (State or foreign country)

10. Usual occupation child

11. Industry or business _____

12. Name Tom Thorne
13. Birthplace Cooper Co Mo (City, town, or county) (State or foreign country)
14. Maiden name Sargant Bird
15. Birthplace Harshaw Mo (City, town, or county) (State or foreign country)

16. (a) Informant Tom Thorne

(b) Address Harshaw - Packeb Pl
17. (a) buried (b) Date thereof 3-14-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wagoner

18. (a) Signature of funeral director White

(b) Address Harshaw
19. (a) 3/14/41 (b) Jas. A. Logan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3/13 day _____
year 1941 hour 5 minute P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to Choked on grain
corn in air
passage

Due to _____
Other conditions (Include pregnancy within 3 months of death) 195 lb

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____

22. If death was due to external causes, fill in the following:

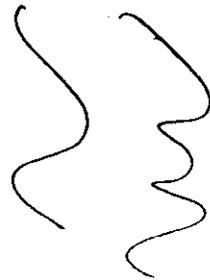
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence 3-14-41

(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? _____

While at work? 0 (Specify type of place) _____
(b) Means of injury fall

23. Signature Hubert (M. D. or other) D
Address Harshaw Mo Date signed _____

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



RECEIVED

District Health Officer No. 7,

District File Number 4-41-578

Date Filed 4-3-41

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.....

P. O. Address.....

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.