

FILED JUN 12 1942

Registration District No.

Primary Registration District No. 3038

Registrar's No. 79

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: 705 So. Benton 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 12 w
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline
(c) City or town Marshall
(If outside city or town limits, write "RURAL")
(d) Street No. 705 So. Benton
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME LAVINIA JANE THORNTON

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

4. Sex Fe 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Harry E. Thornton 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased May - 25 - 1897
(Month) (Day) (Year)

8. AGE: Years 44 Months 11 Days 6 If less than one day hr. min.

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

10. Usual occupation Housewife

MOTHER FATHER { 11. Industry or business:
12. Name Wm. Rachell Ainsworth
13. Birthplace Howard Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Bullard
15. Birthplace Saline Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Harry E. Thornton
(b) Address Marshall Mo

17. (a) Burial (b) Date thereof 5-4-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ridge Park Cem Marshall Mo

18. (a) Signature of funeral director Harry Hensberger

(b) Address Marshall Mo

19. (a) May 4 1942 (b) Mrs. T. O. Weeber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1
year 1942 hour 8:50 minute. P. M.

21. I hereby certify that I attended the deceased from April 29 1942 to May 1 1942
that I last saw h. alive on May 1 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Cerebral hemorrhage 3 days

Due to Hypertension ?

Other conditions (Include pregnancy within 3 months of death) 430

Major findings: Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

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?

While at work? (Specify type of place) 0
(e) Means of injury.....
23. Signature [Signature] (M.D. or other) 0
Address Marshall Date signed 5/2/42

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

7/12

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 6-11-42.....

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 Fred Wilkinson.....

Licensed Embalmer No. 2478

P. O. Address Clinton 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, fact should be so stated above.