

FILED DEC 14 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37217

State File No.

Registration District No. 140

Primary Registration District No. 0542-5547

Registrar's No. 44

1. PLACE OF DEATH

(a) County Howard
 (b) City or town Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Monitran
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 (Specify whether
 In this community.....
 years, months or days)

3. (a) PRINT FULL NAME Edgar Thornton3. (b) If veteran, name war no 3. (c) Social Security No. no4. Sex male 5. Color or Race Color 6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife Ada Thornton 6. (c) Age of husband or wife if alive 58 years7. Birth date of deceased apr. 1 1876
(Month) (Day) (Year)8. AGE: Years 66 Months 7 Days 6 If less than one day hr. min.9. Birthplace Howard co. (City, town, or county) (State or foreign country) 010. Usual occupation farming

11. Industry or business

12. Name John Thornton
13. Birthplace Howard co. (City, town, or county) (State or foreign country) 014. Maiden name Not known15. Birthplace 9 (City, town, or county) (State or foreign country)16. (a) Informant Ada Thornton(b) Address New Franklin Mo. RR 117. (a) Edwick (b) Date thereof 11-11-42
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Salt Creek18. (a) Signature of funeral director C. S. Dunlow(b) Address New Franklin Mo.19. (a) 12-5-1942 (b) Ernest McMillan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Howard 0
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. R.R. 1 New Franklin, Mo.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day Nov
year 1942 hour 5 P. minute _____ M.21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw h_____ alive on _____, 19____
and that death occurred on the date and hour stated above.Immediate cause of death Heart DiseaseunknownDue to unknown

Due to _____

Other conditions unknown
(Include pregnancy within 3 months of death)Major findings: full DeadOf operations noneOf autopsy Heart Disease

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

(a) Accident, suicide, or homicide (specify) none

(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? yes (Specify type of place) (e) Means of injury none23. Signature J. S. Richards (M. D. or other) CoronerAddress Hayden Mo Date signed 11-19-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1921

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY - USE UNFADING 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 *E. L. Hall*

Licensed Embalmer No. 3515

P. O. Address New Franklin

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

If this body is not embalmed, fact should be so stated above.

DEC 5 1915

B
41
288

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37217

Registration District No. 140

Primary Registration District No. 5547

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Howard
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Edgar Thornton
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race B
6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased April _____
(Month) (Day) (Year)

8. AGE: Years 66 Months _____ Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov Day _____ Year 1942 Hour _____ Minute _____ M.

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

Immediate cause of death Heart disease Duration _____
unk.

Due to unk.

Due to Coronary
from history

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

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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTARY

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE PERMANENT RECORD

MOTHER FATHER

S-37217