

7. S. No. 2
FORM-5-42
Rev. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17360

State File No. _____

FILED JUN 10 1943

Registration District No. 50

Primary Registration District No. 5118

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: xx / Missouri Lows
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community xx (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town Columbia
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Route 4
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country x

3. (a) PRINT FULL NAME Lillie Ruth Thornton

3. (b) If veteran, name war x

3. (c) Social Security No. _____

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced / married

6. (b) Name of husband or wife Ambrose Thornton

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

7. Birth date of deceased Jan 26 1879
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>64</u>	<u>3</u>	<u>18</u>	hr. _____ min.

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

10. Usual occupation House wife

MOTHER FATHER

11. Industry or business _____

12. Name Benjamin Stanton Smith

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

14. Maiden name Mahalia P. Smith Bassett

15. Birthplace Boone Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Ambrose Thornton

(b) Address Route 4 Columbia

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

(c) Place: burial or cremation Neb. Cem

18. (a) Signature of funeral director R. W. [Signature]

(b) Address Columbia Mo.

19. (a) May 15-43 (b) Mrs Betty Crane
(Date registered local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14
year 1943 hour 6:10 minute A M.

21. I hereby certify that I attended the deceased from 5-8 1943, to 5-11 1943; that I last saw her alive on 5-11 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to No data

Due to _____

Other conditions 83a
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy no

Duration _____

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)

(e) Means of injury _____

23. Signature F. B. [Signature] M. D. or D.P.H.

Address Columbia Mo. Date signed 5-14-43

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.....

[Handwritten Signature]

Licensed Embalmer No.....

3180

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, fact should be so stated above.