

State File No. ....

Registration District No. 99

Primary Registration District No. 4171

Registrar's No. 118

1. PLACE OF DEATH:

(a) County De Kalb  
(b) City or town Clarksdale  
(c) Name of hospital or institution:  
Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 81 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 17  
year 1943 hour 8:30 minute 30 P. M.

21. I hereby certify that I attended the deceased from 1947 to 1947  
that I last saw him alive on 5-10-43 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Degeneration  
Duration 4 yrs?

Due to 93d  
Due to Arterio Sclerosis

Other conditions Arterio Sclerosis  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings:  
Of operations.....  
Of autopsy.....  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME John J. Thornton

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife Sadie Thornton 6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased 5-17-1861  
(Month) (Day) (Year)

8. AGE: Years 81 Months 7 Days 26 If less than one day hr. min.

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

10. Usual occupation Merchant

11. Industry or business.....

12. Name John Thornton

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

14. Maiden name Sadie T. Cook

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

16. (a) Informant Jessie J. Moore

(b) Address Clarksdale Mo

17. (a) Burial (b) Date thereof 5-20-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park - St Joseph Mo

18. (a) Signature of funeral director John G. Beane

(b) Address Mayfield Mo

19. (a) 5-22-43 (b) C. D. Mungley  
(Date received local registrar) (Registrar's signature)

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 D. L. Robbins (M. D. or other)  
Address Clarksdale Mo Date signed 5/20/43

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

MOTHER FATHER

**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 me

working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

Signed

John G. Brown

Licensed Embalmer No. 3933

P. O. Address

Wayville, 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.**