No. 2
—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 8 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32328

State File No.

Registration District No. 290 Primary Registration District No. 5983 Registrar's No. 104

1. PLACE OF DEATH:

(a) County Pulaski

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

(c) Name of hospital or institution: 1 Rout 1 Cullen Twp.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pulaski 85

(c) City or town Waynesville Rout 1
(If outside city or town limits, write "RURAL")

(d) Street No. Cullen Township
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John William Thornhill

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife Alma Gertrude Thornhill

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Jan (Month) 29 (Day) 1879 (Year)

8. AGE: Years 64 Months 7 Days 4 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John Isaac Smith Thornhill
13. Birthplace Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lillie Jane Stewart
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Alma Thornhill
(b) Address Waynesville Rout 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-3-43 (Month) (Day) (Year)
(c) Place: burial or cremation Iduma Cemetery

18. (a) Signature of funeral director R B Pepper
(b) Address Richland Mo.

19. (a) Sept 15 1943 (Date received local registrar) (b) Chas M Codd (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 2 year 1943 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from August 28 1943, to August 29, 1943 that I last saw him alive on August 29, 1943. and that death occurred on the date and hour stated above.

Immediate cause of death Sarcoma of upper third of femur.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 55 b

Major findings:
Of operations

Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature A. Sidney McFarland (M.D. or other)

Address Rolla, Missouri. Date signed 9/9/43

1110

(Licensed Embalmer's Statement on Reverse Side)

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. 3198

P. O. Address Richland 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.