No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 12 1944

Registration District No. 370

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6257

State File No. 16079

Registrar's No.

1. PLACE OF DEATH:

(a) County: WAYNE

(b) City or town: Patterson Township

(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 years, months or days)

In this community .....

2. USUAL RESIDENCE OF DEACESED:

(a) State: Mo. (b) County: Wayne

(c) City or town: Patterson

(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 .....

3. (a) PRINT FULL NAME: Edward C. Thornborgh

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

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

6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased: April (Month) 2 (Day) 1853 (Year)

8. AGE: Years 88 | Months 11 | Days 2 | If less than one day ..... hr. ..... min.

9. Birthplace: Maine (City, town, or county) Ill (State or foreign country) /

10. Usual occupation: Farmer

11. Industry or business: .....

MOTHER FATHER

12. Name: William O Thornborgh

13. Birthplace: Louisville (City, town, or county) Ky. (State or foreign country)

14. Maiden name: Sarah Crandall

15. Birthplace: Jamaica (City, town, or county) New York (State or foreign country)

16. (a) Informant: Mrs. Chas. Collins

(b) Address: Patterson Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/6/44 (Month) (Day) (Year)

(c) Place: burial or cremation: Patterson Cemetery

18. (a) Signature of funeral director: William Coder

(b) Address: Fredmont Mo.

19. (a) Apr. 21 1944 (Date received local registrar) (b) Guy Bennett (Registrar's signature)

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(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4th year 1944 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from Mch 1, 1944 to 7th, 19..; that I last saw him alive on Mch 1, 1944, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Senility	
Due to: Advanced age	
Due to:	
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)

(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: Adam F Wagner (M. D. ~~or other~~)

Address: Greenville Mo. Date signed 3-6-44

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.....
Cooler Funeral Home....., Registered Apprentice No.....
working under my personal supervision.

Signed William Cooler

Licensed Embalmer No. 3723

P. O. Address Piedmont. M

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

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