.. S. No. 2
OM—8-43
v. 5-17-39
1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 7 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36699

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1240

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2018 Francis Nursing Home (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Mo. (Specify whether years, months or days)
In this community 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St Joseph (If outside city or town limits, write "RURAL")
(d) Street No. 1330 No 12th (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Joseph R Thornton
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 Mary
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 20 (Day) 1863 (Year)

8. AGE:

Years	Months	Days	If less than one day
82	6	26	hr. min.

9. Birthplace Clarksdale (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Retired Cook (10 yrs)
11. Industry or business
FATHER
12. Name Un Known
13. Birthplace Un Known (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Un Known
15. Birthplace Un Known (City, town, or county) (State or foreign country)
16. (a) Informant Harry O. Newton
(b) Address St Joseph Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-17-45 (Month) (Day) (Year)
(c) Place: burial or cremation Thornton Cem.
18. (a) Signature of funeral director Fleeman & Son Inc
(b) Address St Joseph, Mo.
19. (a) Nov 23-45 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15 year 1945 hour 3 minute 15 P M.

21. I hereby certify that I attended the deceased from October 2nd 45 to November 13th 1945
that I last saw him alive on November 13th 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Aortic reguritation	1 yr.
Arteriosclerosis	10 yrs.
Due to	
Due to	

Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations no
Of autopsy no

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) no
(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 Charles H. Wenner M. D. (M. D. or other)
Address Social Welfare Board Date signed 11/17/45

1428 (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 Robert L Yaple

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.