

FILED JAN 25 1946

State File No.

Registration District No. 138

Primary Registration District No. 4219

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Hickory
(b) City or town Weaubleau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 years (Specify whether years, months or days)
In this community 7 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Hickory
(c) City or town Weaubleau (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20
year 1945 hour 9 minute 30 P.M.
21. I hereby certify that I attended the deceased from Nov. 1945 to Dec. 20, 1945
that I last saw h.c.r. alive on Dec. 20, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to High Blood Pressure

Duration

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.

3. (a) PRINT FULL NAME Sarah Lucy Thornton

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

4. Sex female 5. Color or race w 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife George W Thornton 6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased Nov 30 1867
(Month) (Day) (Year)

8. AGE: Years 78 Months 0 Days 20 If less than one day hr. min.

9. Birthplace Fairfield MO
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name W. Z. Kirby

13. Birthplace Lawrence Co. MO
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Cunningham

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

16. (a) Informant Mrs James Johnson
(b) Address Osceola, MO

17. (a) Burial (b) Date thereof 12-23-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Southern Cemetery

18. (a) Signature of funeral director Robert Hathaway
(b) Address Weaubleau, MO
19. (a) Jan. 10-46 (b) W. P. Hargiss
(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 A. R. Easton (M. D. or other) no
Address Weaubleau, MO Date signed

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

JUN 1
1949

12-45-1390

1-22-46

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 *Chas Gilbert Hathaway*

Licensed Embalmer No. *4267*

P. O. Address *Wheatland, Md*

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.