

FILED MAR 26 1947

State File No. 8328

Registration District No. 41

Primary Registration District No. 4128

Registrar's No. 26

1. PLACE OF DEATH:

(a) County: Clay

(b) City or town: Missouri Bottom
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Her home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community: 4 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Clay

(c) City or town: Missouri Bottom
(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: FLORENCE L. THORNTON

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

4. Sex: Female 5. Color or race: White

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

6. (b) Name of husband or wife: James P. Thornton

6. (c) Age of husband or wife if alive: 77 years

7. Birth date of deceased: Dec-8-1870
(Month) (Day) (Year)

8. AGE: Years: 76 Months: 2 Days: 7
If less than one day _____ hr. _____ min.

9. Birthplace: Roanoke Co. N. Va.
(City, town, or county) (State or foreign country)

10. Usual occupation: House wife

11. Industry or business _____

MOTHER FATHER { 12. Name: John H. Cain

13. Birthplace: _____ N. Va.
(City, town, or county) (State or foreign country)

14. Maiden name: Sarah E. McCarley

15. Birthplace: _____ Va.
(City, town, or county) (State or foreign country)

16. (a) Informant: James P. Thornton

(b) Address: Missouri City, Mo

17. (a) Burial (b) Date thereof: Feb 17-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Missouri City, Mo.

18. (a) Signature of funeral director: Church - Tucker Co

(b) Address: Liberty, Mo

19. (a) 3/15/47 (b) Baroline Hutchings
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb day: 15
year: 1947 hour: 10 minute: 10 A.M.

21. I hereby certify that I attended the deceased from 2/12/47, 19____, to 2/15, 19____, that I last saw her alive on 2/12/47, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage 4 days

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death): (none)

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): no

(b) Date of occurrence: no

(c) Where did injury occur? no
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? no (Specify type of place) (s) Means of injury: _____

23. Signature: W. Woodson M.D. or other _____
Address: Liberty, Mo Date signed: 3/5/47

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 3-27-47

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 Edgar Archer

Licensed Embalmer No. 3311

P. O. Address Liberty, 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.