

No. 2
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-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14257

State File No. _____

Registration District No. 213

Primary Registration District No. 5781

Registrar's No. 3 '47

1. PLACE OF DEATH:

(a) County Miller

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

(c) Name of hospital or institution: Stange

(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 Miller 66

(c) City or town Brunley, Mo.
(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 Lewis Albert Thornton

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race W

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

6. (b) Name of husband or wife Nora E. Robinett

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

7. Birth date of deceased May 4 1878
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>75</u>	<u>10</u>	<u>5</u>	hr. _____ min. _____

9. Birthplace Browning Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name George Thornton

13. Birthplace Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Polly Luther

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

16. (a) Informant Delcie Godfrey

(b) Address Brunley Mo

17. (a) Burial (b) Date thereof 3-10-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Robben Cemetery

18. (a) Signature of funeral director Wm. L. Adams

(b) Address Ghera, Mo.

19. (a) March 15 1947 Mrs C.R. Hawkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 9
year 47 hour 4 minute 00 P. M.

21. I hereby certify that I attended the deceased from 2-3-47 to 3-9-47
that I last saw him alive on 3-9-47 and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Duration 50 yr

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: 837

Of operations _____

Of autopsy none

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 D. B. ... (M. D. or other) DO

Address Brunley Mo. Date signed 3-27-47

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

MOTHER FATHER

193

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 4-18-47

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 *Roran L. Adams*
Licensed Embalmer No. 4207
P. O. Address *Berlin, 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.