

S. No. 12-45  
5-17-39  
P 1 X47070

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

FILED JAN 15 1948

Registration District No. **360**

Primary Registration District No. **3076**

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution:  
At home 1015 So. Main  
(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 Missouri (b) County Vernon <sup>108</sup>

(c) City or town Nevada  
(If outside city or town limits, write "RURAL")

(d) Street No. 1015 So. Main St.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country ✓

3. (a) PRINT FULL NAME Clarence Loyd Thornton

3. (b) If veteran, name war None

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

4. Sex Male 5. Color or race W.

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

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

6. (c) Age of husband or wife if alive 3.3 years

7. Birth date of deceased July 17 1907  
(Month) (Day) (Year)

8. AGE: Years 40 Months 5 Days 9

If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Walker Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Filling Station operator

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Josiah Thornton

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

14. Maiden name Flora Agnes Pappert

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

16. (a) Informant Mrs. Clarence L. Thornton

(b) Address Nevada, Mo.

17. (a) Burial (b) Date thereof Dec 28 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Zion

18. (a) Signature of funeral director Allen & Day

(b) Address Nevada, Mo.

19. (a) 1-7-48 (b) Wathup Jancy  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 26  
year 1947 hour 3 minute A.M.

21. I hereby certify that I attended the deceased from 12-15, 1947, to 12-26, 1947.  
that I last saw him alive on 12-25-47, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death congestive heart failure secondary to rheumatic heart disease with mitral stenosis and regurgitation

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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)

(g) Means of injury 0

23. Signature Braxton Cary (M. or other) \_\_\_\_\_  
Address Nevada, Mo. Date signed 12-27-47

RECEIVED

District Health Officer No. 7,

District File Number 12-47-2089

Date Filed 1-14-88

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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..... *H. Marmaduke* .....

Licensed Embalmer No. 2070 .....

P. O. Address Munda, 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.