

FILED MAR 1 1948

State File No. \_\_\_\_\_

Registration District No. 97

Primary Registration District No. 4171

Registrar's No. 12

1. PLACE OF DEATH:

(a) County De Kalb  
 (b) City or town Clarksdale  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Home  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community Life \_\_\_\_\_ (Specify whether  
 years, months or days)

3. (a) PRINT FULL NAME Rebecca Anna Thornton

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb. 26 1868  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 11 11 hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

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

MOTHER FATHER

12. Name E.R. Gibbons  
 13. Birthplace Kent, Mo  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Sarah Ridgeway  
 15. Birthplace Mo Mo  
 (City, town, or county) (State or foreign country)

16. (a) Informant Clarence Thornton  
 (b) Address Clarkdale Mo

17. (a) Burial (b) Date thereof 2-- 3-48  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clarkdale

18. (a) Signature of funeral director John Brown

(b) Address Wasson St Clarksdale Mo

19. (a) 2-15-48 (b) W. S. Gale  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County De Kalb  
 (c) City or town Clarksdale  
 (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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 7  
 year 1948 hour 5 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from Feb 7  
1948 to Feb 7 1948  
 that I last saw him alive on Feb 7 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death Robert Pneumonia

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

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

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

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?  
 \_\_\_\_\_

(Specify type of place)  
 While at work? \_\_\_\_\_ (e) Means of injury 0

23. Signature W. S. Gale (M. D. or other) \_\_\_\_\_  
 Address O. S. Boril Mo. Date signed 3/8/48

PHYSICIAN

Underline the cause to which death should be charged statistically.

108

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

2  
45  
69  
47070

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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 *John J. Brown*  
Licensed Embalmer No. *3933*  
P. O. Address *Waysville, 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.**