

S. No. 2
1-1/47
5-17-39

7941

FILED MAR 22 1948

Registration District No. 42

Primary Registration District No. 1000 0

Registrar's No. 319

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution St. Joseph's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days
(Specify whether years, months or days)

In this community Most of Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 1332 North 12th
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Norman George Thornton

3. (b) If veteran, name war No

3. (c) Social Security No. 499-20-4810

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7
year 1948 hour 10 minute 05 a.m.

21. I hereby certify that I attended the deceased from March 3 1948 to March 7 1948
that I last saw him alive on March 6 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Accident
Duration 5 days

4. Sex Male 0

5. Color or race Wht.

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

6. (b) Name of husband or wife Mattie

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

7. Birth date of deceased February 14 1897
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
↓	51	0	23	hr. min.

9. Birthplace Clarksdale Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Sign Painter
"Self"

11. Industry or business

12. Name Joseph R. Thornton

13. Birthplace Bayfield Missouri 0
(City, town, or county) (State or foreign country)

14. Maiden name Mary F. Dalton

15. Birthplace Bayfield Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mildred Newton

(b) Address 1332 No. 12th, St. Joseph, Mo

17. (a) removal (b) Date thereof 3-9-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Bayfield, Thornton Cemetery

18. (a) Signature of funeral director James Funeral Home

(b) Address St. Joseph, Missouri

19. (a) 3-15-48 (b) H. C. Jenkins
(Date received local registrar) (Registrar's signature) 282

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause of death which should be charged statistically.

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)

White at work (e) Means of injury

23. Signature Ann Miller (M. D. or Chm.)
Address The Tootle Building 3-9-48
St. Joseph, Mo. Date signed

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

MOTHER FATHER

welfare

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 Roy Staw
.....
Licensed Embalmer No. 2455

P. O. Address. St. Joseph

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.