

No. 2
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-5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19051

State File No. _____

FILED JUL 6 1948

Registration District No. 49

Primary Registration District No. 3378

Registrar's No. 34

1. PLACE OF DEATH:

(a) County De Kalb

(b) City or town King City Rural
(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 One Year _____ (Specify whether _____)
years, months or days)

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 _____

32
0
0
0

3. (a) PRINT FULL NAME Louis Granville Thornton

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June, day 19, year 1948 hour 8.30P. minute _____ M.

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Widow 2

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

7. Birth date of deceased Sept 15, 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 14, 1948, to June 19, 1948; that I last saw him alive on June 14, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Neurothrombosis Duration 3 days

8. AGE: Years Months Days If less than one day

73 8 4 _____ hr. _____ min.

Due to _____

Due to _____

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

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

10. Usual occupation Farmer

Major findings: Of operations _____

11. Industry or business _____

Of autopsy _____

12. Name James Thornton

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

14. Maiden name Rachel Korns

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

16. (a) Informant Elmer Thornton

(b) Address Helena Mo

17. (a) Burial (b) Date thereof 6-23-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clarksdale, Mo

18. (a) Signature of funeral director _____

(b) Address Maysville Mo

19. (a) 6-25-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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) _____

(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 [Signature] (M. D. or other) _____

Address Union Blr Mo Date signed 6-20-48

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

2000

DISTRICT HEALTH OFFICER
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 G. Brown
Licensed Embalmer No.
P. O. Address 3933

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.