

REC'D JAN 13 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

44862
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kear Primary Registration District No. 1002
 (c) City Keosauqua (d) Street No. 1420 Euclid Registered No. 4928
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred 10 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

653 CHARLES EDWARD THORNTON
 (a) Residence, No. 1420 Euclid St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Belle Thornton
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 8 1898
 7. AGE YEARS 60 MONTHS 9 DAYS 8 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. unemployed
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Ky!

FATHER 13. NAME Sam Thornton
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky!

MOTHER 15. MAIDEN NAME Louise Tully
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky!

17. INFORMANT Mrs. Carmelita Brown
 (ADDRESS) 1420 Euclid

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge DATE Dec. 19 1938

19. FUNERAL DIRECTOR (NAME) Lynn & Greenstreet
 (ADDRESS) Dec 19 38 M. M. Crowe

20. FILED Dec 19 38 M. M. Crowe
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 16 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1938, to Dec 16 1938
 I last saw him alive on Dec 15 1938 Death is said to have occurred on the date stated above, at 4 p. m.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of mouth
45

Other contributory causes of importance:

Cachexia
arteriosclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____ (Signed) Merwin J. Rumbold M. D.
 (Address) Chgo Med Bldg
St Louis City Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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: *Edw. G. Evans*

Licensed Embalmer No. *3836*

P. O. Address *1819 E. 15th St. 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, above space should be left blank.