

REGD JUN 22 1939

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

19539  
Do not use this space.

1. PLACE OF DEATH

(a) County Pulaski Registration District No. 713  
(b) Township \_\_\_\_\_ Primary Registration District No. 4428 Registered No. \_\_\_\_\_  
(c) City Waynesville, (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Margarett Ann Thornsberry

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State) \_\_\_\_\_  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Thornsberry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 14, 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
89 2 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Keeper  
9. Industry or business in which work was done, as saw mill, bank, etc. At home  
10. Date deceased last worked at this occupation (month and year) May 21, 1939 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER 13. NAME Alfred Russell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Mariah Steen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Levi Thornsberry  
(ADDRESS) Waynesville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Elm Grove DATE May 23, 1939

19. FUNERAL DIRECTOR (NAME) J. L. HOOPS & SONS  
(ADDRESS) Crocker, Mo.

20. FILED 6/8 1939 St. Paul  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22, 1939

I HEREBY CERTIFY, That I attended deceased from law body 15 min. after death  
I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 12:10 P.M.  
The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance: \_\_\_\_\_  
Date of onset \_\_\_\_\_

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Exam of body Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Accident Date of injury May 22, 1939  
Where did injury occur? Waynesville, Mo.  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
in home of daughter's step  
Manner of injury fall from stairs  
Nature of injury head struck concrete

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) C. W. Walker, M. D.  
(Address) Crocker, 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.

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**