WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

REC'D AUG 7 1939

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

24492
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson, 2 Registration District No. 399

(b) Township Kaw, 1 Primary Registration District No. 1002 Registered No. 2705

(c) or City Kansas City, Mo. (d) Street No. 12 East 57th Terrace, 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 653 David Thornton,

(a) Residence, No. 12 East 57th Terrace, 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Kate Haley Thornton,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 28, 1864.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
75	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired.

9. Industry or business in which work was done, as saw mill, bank, etc.

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) Kentucky, 1

FATHER

13. NAME Edwin Kavanaugh Thornton, 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky. 0

MOTHER

15. MAIDEN NAME Lucretia Hobbs.

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

17. INFORMANT (ADDRESS) Roland Westover, 12 East 57th Terrace, K. C., Mo.

18. ~~BURIAL~~ CREMATION, ~~OR REMOVAL~~
PLACE Elmwood Cem. DATE 7-5 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Stine & McClure, 3235 Gillham Plaza, K. C., Mo.

20. FILED July 5, 1939 M. M. Crome
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4, 1939.

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1939, to July 4, 1939.
I last saw him alive on July 3, 1939. Death is said to have occurred on the date stated above, at 1:45a m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage E. June 28/39
82a

Date of onset

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

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? No
If so, specify

(Signed) J. V. Bell M. D.
(Address) 1132 Professional Bldg K C Mo

(Licensed Embalmer's Statement on Reverse Side)

Dr. Milne and Dr. J. V. Bell

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.