No. 2
1-10-39

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAY 13 1940

Registration District No. 85

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1001

State File No. 14308

Registrar's No. 395

1. PLACE OF DEATH:

(a) County Buchanan,

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

(c) Name of hospital or institution: 2837 So.20th. Street, 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community 4 years,

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan

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

(d) Street No. 1801 Garfield Avenue,
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME John Wesley Thornton,

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Gertrude Thornton,

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

7. Birth date of deceased February 11, 1899 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
41	1	24	____ hr. ____ min.

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

10. Usual occupation Barber,

11. Industry or business Barber Shop

FATHER
12. Name John Thornton,
13. Birthplace Gentry County, (City, town, or county) Missouri, (State or foreign country)

MOTHER
14. Maiden name Bertha Greene,
15. Birthplace Atchison County, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Nina Smith
(b) Address 2837 So.20th. Street,

17. (a) Burial, cremation, or removal: Burial (b) Date thereof 4/8/40 (Month) (Day) (Year)
(c) Place: burial or cremation Grant Hill Cemetery Rochester Ill.

18. (a) Signature of funeral director Kevin Beale / Bowman Funeral Home
(b) Address 319 So. 10th St.

19. (a) 4-8-1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5th. year 1940 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from 4/4/38 ____, 19__, to 4/4/40 ____, 1940 that I last saw h__ alive on 4/4/40 ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Endocarditis Duration 2 days,

Due to Mitral insufficiency

Chronic Endocarditis

Due to ____

Other conditions (Include pregnancy within 3 months of death) ✓ 9 2 4

Major findings:
Of operations ✓

Of autopsy none ✓

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 H. Thompson (M. D. or other)
Address 625 Charles Date signed 4/7/40

(Licensed Embalmer's Statement on Reverse Side)

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 Harold Bowman

Licensed Embalmer No. 36192

P. O. Address St Joseph M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.