S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 20 1940

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 36031

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 317

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

0
4
4

**1. PLACE OF DEATH:**

(a) County Pettis

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

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether
In this community
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Pettis

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

(d) Street No. 309 W J Thurs
(If rural, give location)

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

**3. (a) PRINT FULL NAME** Leona Thornton

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race Negro

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

6. (b) Name of husband or wife Jasper Thornton

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Aug (Month) 29 (Day) 1896 (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---|---|---|---|---|
| | 44 | I | 0 | hr. min. |

9. Birthplace Nelson (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation House Wife 0

11. Industry or business Self 0

FATHER
12. Name Chump Crosby
13. Birthplace Nelson (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Rosie Walker
15. Birthplace (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Jasper Thornton

(b) Address Sedalia Mo.

17. (a) Nelson Mo (Burial, cremation, or removal) (b) Date thereof 9-2-40 (Month) (Day) (Year)

(c) Place: burial or cremation Nelson Mo

18. (a) Signature of funeral director F. D. Ferguson

(b) Address Sedalia

19. (a) 9-2-40 (Date received local registrar) (b) Mrs. Henry Sneed (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept day 29
year 1940 hour 12 minute 8 M.

21. I hereby certify that I attended the deceased from Jan 1 1940 to 1940, to Sept 29, 1940; that I last saw her alive on Sept 29, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of the Uterus

Due to Unknown

Due to

Other conditions 4 8
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature D. H. C. Dancey (M. D. or other) 01

Address Date signed 9-2-40

(Licensed Embalmer's Statement on Reverse Side)

SEP 9 1941

RECEIVED
District Health Officer No. 8,
District File Number 11-14-40
Date Filed

**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 Z D Ferguson

Licensed Embalmer No. 2172

P. O. Address Sedalia

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

**If this body is not embalmed, fact should be so stated above.**