

FILED MAR 17 1941

State File No. _____

Registration District No. 51

Primary Registration District No. 3027

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Desoto Mo.
(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 _____ (Specify whether)

In this community 1 yr years, months or days

8. (a) PRINT FULL NAME CARL EDWARD THORNHILL

3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 20 1939
(Month) (Day) (Year)

8. AGE: Years 1 Months 8 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace: Desoto Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Clara O Thornhill

13. Birthplace Richwood Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mather

15. Birthplace Jumbale Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant: C. O. Thornhill
(b) Address Desoto Mo.

17. (a) Buried (b) Date thereof Jan 12 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Desoto Mo.

18. (a) Signature of funeral director Wrenell B. Distal
(b) Address Desoto Mo.

19. (a) 3-5-41 (b) Jeneva Darnell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jefferson

(c) City or town 913 Baydett
(If outside city or town limits, write "RURAL")

(d) Street No. Desoto Mo.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 11
year 1941 hour 5 minute 50 a. M.

21. I hereby certify that I attended the deceased from 1-8 1941 to Jan 11 1941;
that I last saw him alive on Jan 10 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza Duration 3 days

Due to Chronic Endocarditis Life

Due to _____

Other conditions (include pregnancy within 3 months of death) 92, 115

PHYSICIAN _____

Major findings: _____
Of operations _____

Of autopsy _____

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? 381

While a _____ (Specify type of place)
_____ (Specify means of injury)

23. Signature Ray E. Felth (M. D. or other) _____
Address Desoto Mo. Date signed 1/12/41

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

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

Francis R. Dretsch

Registered Apprentice No. *258*

working under my personal supervision.

Signed

Annell B. Dretsch

Licensed Embalmer No.

4104

P. O. Address

Deato 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.