No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17805

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 384

1. PLACE OF DEATH:

(a) County GREENE

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

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

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wright 1K

(c) City or town Mtn. Grove (If outside city or town limits, write "RURAL") 1 0

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

(e) If foreign born, how long in U. S. A.? — 1 years.

3. (a) PRINT FULL NAME Hattie Thorne

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife WALEY THORNE

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

7. Birth date of deceased Jan (Month) 23 (Day) 1876 (Year)

8. AGE: Years 65 Months 3 Days 13 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Frank M. Kellett
13. Birthplace Unknown (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Stella Conklin
15. Birthplace Unknown (City, town, or county) Mo (State or foreign country)

16. (a) Informant Waley Thorne

(b) Address Mtn Grove Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-8-41 (Month) (Day) (Year)

(c) Place: burial or cremation Mtn Grove Mo

18. (a) Signature of funeral director Geo Stapp

(b) Address Mtn Grove Mo

19. (a) 5-7-41 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature) RGB

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 6 year 1941 hour 11 minute 20 a. M.

21. I hereby certify that I attended the deceased from May 3, 1941, to May 6, 1941; that I last saw her alive on May 6, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Ascending Colon

Due to primary

Due to 46

Other conditions (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 Nellis Smith (M. D. or other) 0

Address Springfield Mo Date signed May 6 1941

(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.....

Licensed Embalmer No. 3161

P. O. Address.....

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

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