

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 875

Primary Registration District No. 3039

Registrar's No. 166

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Nevada City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 da
(Specify whether years, months or days) 38 yrs

8. (a) PRINT FULL NAME Bell Thornton

8. (b) If veteran, name war no 8. (c) Social Security No. none

4. Sex F 5. Color or race Black 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Charles Thornton 6. (c) Age of husband or wife if alive deceased

7. Birth date of deceased Sept 11, 1977
(Month) (Day) (Year)

8. AGE: Years 63 Months 8 Days 11 If less than one day hr. min.

9. Birthplace Union, Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business Home

12. Name Margae Campbell

13. Birthplace Union, Miss.
(City, town, or county) (State or foreign country)

14. Maiden name Hessella Boyd

15. Birthplace Union, Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Marrion Dale

(b) Address Nevada, Mo

17. (a) Burial (b) Date thereof 5/25/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deepwood Cemetery

18. (a) Signature of funeral director Ferry Funeral Home
(b) Address Nevada, Mo

19. (a) 5-29-41 (b) Allen V. Hays
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon 108
(c) City or town Nevada 1
(If outside city or town limits, write "RURAL") 2
(d) Street No. 527 S. Oak
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
year 1941 hour 05:40 minute 10 M.

21. I hereby certify that I attended the deceased from May - 2 - 1941 to May 22 - 1941
that I last saw her alive on May - 22 - 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction

Due to Intestinal Obstruction

Due to Refused operation for 4 days

Other conditions (Include pregnancy within 3 months of death)

Major findings: Intestinal Obstruction
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 Todd, M.D. (M. D. or other)
Address Nevada, Mo Date signed

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

2-8

12212

RECEIVED

District Health Officer No. 7,

District File Number 6-41-98

Date Filed 6-10-41

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 Raymond R. Wisser

Licensed Embalmer No. 3857

P. O. Address Nevada, 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.

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STANDARD CERTIFICATE OF DEATH

Registration District No. 875-

Primary Registration District No. 3039

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada
(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 _____
years, months or days)

3. (a) PRINT FULL NAME Bell Thornton
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or Black 6. (a) Single, widowed, married wid
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year
7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 63 Months 8 Days 11
If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon
(c) City or town Nevada
(If outside city or town limits, write "RURAL")
(d) Street No. D. Oak Street
(If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH Month May day 22
year 1941 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from May 2 - 1941 to May 22 - 1941
that I last saw him alive on _____
and that death occurred on the date and hour stated above

Immediate cause of death Post Operative Duration _____
Intestinal Obstruction

Due to Revised operation for
four days
19.2 month convalescence and business
Other conditions as well as peridural fibrosis
(Include pregnancy within 3 months of death) stasis

Major findings: Intestinal Obstruction PHYSICIAN _____
Of operation _____ (Indicate the cause to which death should be charged statistically.)
Of autopsy 56 B

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 _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTAL

19249.