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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

19622 State File No. 17325

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 569

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town Maysville St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mercy Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community One Day years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County De Kalb
(c) City or town Clarksdale
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Dally May Thornton
3. (b) If veteran, name war ✓
3. (c) Social Security No. None
4. Sex F ✓
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife S. Raymond S.R. Thornton
6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased Oct (Month) 29 (Day) 1910 (Year)

8. AGE: Years 30 Months 7 Days 28 If less than one day hr. min.

9. Birthplace De Kalb (City, town, or county) Mo (State or foreign country)
10. Usual occupation Stenographer
11. Industry or business Housewife
FATHER
12. Name John Hector
13. Birthplace De Kalb (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Addie Maddox
15. Birthplace Clinton (City, town, or county) Mo (State or foreign country)
16. (a) Informant S R Thornton
(b) Address Clarksdale Mo
17. (a) ~~Maysville~~ Burial (Burial, cremation, or removal) (b) Date thereof 6-1-41 (Month) (Day) (Year)
(c) Place: burial or cremation Maysville
18. (a) Signature of funeral director John G. Brown
(b) Address Clarksdale Mo
19. (a) 6/1/41 (Date received local registrar) (b) H J Kettlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 30 year 1941 hour 11 minute 05 A. M.
21. I hereby certify that I attended the deceased from MAY 30, 1941, to MAY 30, 1941; that I last saw her alive on MAY 30, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral embolism	2 days
Due to —	
Due to Acute pelvic infection abscess	
Other conditions formation (Include pregnancy within 3 months of death)	

Major findings: Of operations Pelvic abscess & acute appendicitis. APRIL 25 1941
Of autopsy none done

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)
85 While at work? — (e) Means of injury — —
23. Signature [illegible] (M. D. or other) D.O.
Address 823 Faraon St Joseph Mo Date signed 5-30-41

(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 me

....., Registered Apprentice No.....

working under my personal supervision.

Signed John G Brann

Licensed Embalmer No. 3933

P. O. Address Clarksdale

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

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