

FILED AUG 14 1941

State File No. _____

Registration District No. 408

Primary Registration District No. 5564

Registrar's No. 110

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Rural, N. Madison Townshi
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Carthage R# 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
years, months or days)

In this community 72 Years

2. USUAL RESIDENCE OF DECEASED: 049

(a) State Missouri (b) County Jasper

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

(d) Street No. Carthage R# 1
(If rural, give location)

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

3. (a) PRINT FULLNAME Augustine Thorn

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
year '41 hour 8³⁰ minute P M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Emma

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

7. Birth date of deceased July 16 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____
to _____
that I last saw h. Did not see him alive
alive on _____
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

71 11 16 hr. min.

Immediate cause of death
Cornary occlusion

Due to Cardio-renal disease

Due to 1310

Other conditions
(Include pregnancy within 3 months of death)

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

10. Usual occupation Retired Farmer

11. Industry or business None

12. Name Isaac Thorn

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

14. Maiden name Clara Moore

15. Birthplace Unknown N. Carolina
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Frank Thorn

(b) Address Carthage R # 1

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? _____

17. (a) Burial (b) Date thereof July 24, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jasper Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage Mo.

23. Signature R. A. Webster (Specify type of place)
While at work? Cornary (b) Means of injury

23. Signature E. J. Mc Intire, M.D. (M. D. or other)
Address Carthage Mo. Date signed July 24

19. (a) July 24, 1941 (b) E. J. Mc Intire, M.D.
(Date received local registrar) (Registrar's signature)

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

9
0
0

41-8-714.

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 *John D. Batchelder*

Licensed Embalmer No. *4453*

P. O. Address *Carthage 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, fact should be so stated above.