

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

1 X19511

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25642

FILED AUG 11 1941

State File No. _____

Registration District No. 434

Primary Registration District No. 4340

Registrar's No. _____

1. PLACE OF DEATH

(a) County MONROE

(b) City or town HOLLIDAY

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 31 Yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONROE

(c) City or town HOLLIDAY

(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.? ✓ years.

3. (a) PRINT FULL NAME MARTHA ANN THORNTON

(b) If veteran, name war ✓

(c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife W. M. THORNTON

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

7. Birth date of deceased SEPT 7, 1875

(Month) (Day) (Year)

8. AGE: Years 65 Months 9 Days 4

If less than one day _____ hr. _____ min.

9. Birthplace MONROE CO. MO.

(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business ✓

MOTHER FATHER { 12. Name THOMAS BIRD

13. Birthplace KY.

(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name NANCY ANN DAVIS

15. Birthplace N. K.

(City, town, or county) (State or foreign country)

16. (a) Informant's own signature THOMAS J. THORNTON

(b) Address MOBILE, MO

17. (a) BURIAL (b) Date thereof JULY 3, 1941

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HOLLIDAY, MO.

18. (a) Signature of funeral director Speed Blakely

(b) Address PATIS, MO.

19. (a) 7-2-41 (b) Martha Ann Thornton

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 1ST

year 1941 hour 9:00 minute A M.

21. I hereby certify that I attended the deceased from July 1, 1941, to July 1, 1941;

that I last saw her alive on July 1, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocardial failure

Duration Four minutes

Due to Coronary occlusion

Other conditions 94A

(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work _____ (Specify type of place)

(e) Means of injury _____

23. Signature F. A. Barnett (M. D. or other) M.D.

Address PATIS, MO. Date signed 7-2-41

AUG 7 1941

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.....

E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address.....

PAVIS, 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.