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4-41
7-39
K26390

Registration District No. 1147

Primary Registration District No. 5698

Registrar's No. 9

1. PLACE OF DEATH:

(a) County McDonald
(b) City or town Lanagan Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pennington Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days) 1

3. (a) PRINT FULL NAME William Wilda Thornbrugh
3. (b) If veteran, name war V
3. (c) Social Security No. V

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lola Thornbrugh
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased 12/18/1895
(Month) (Day) (Year)

8. AGE: Years 65 Months 10 Days 6 hr. _____ min.

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

10. Usual occupation R. C. S. Depot Agent

11. Industry or business _____

12. Name James Thornbrugh

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

14. Maiden name Margaret Kenton

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

16. (a) Informant Lola Thornbrugh

(b) Address Lanagan, Mo

17. (a) Burial (b) Date thereof 8/24/41
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Amesbury, Mo

18. (a) Signature of funeral director Chas. W. Williams

(b) Address Goodman, Mo

19. (a) 9-1-41 (b) L. A. Carnell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County McDonald
(c) City or town Lanagan
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 21st
year 1941 hour 11:40 minute _____ PM.

21. I hereby certify that I attended the deceased from Aug 12, 1941, to Aug 21, 1941
that I last saw him alive on Aug 21, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Epilepsy Duration 1000
Due to organic heart disease - Valvular 17?

Due to _____
Other conditions _____ (include pregnancy within 3 months of death) 43A

Major findings:
Of operations X
Of autopsy X

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 Geo. B. Bussell (M. D. or other)
Address Lanagan - Mo Date signed 8/23/41

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

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SEP 31 1941

FEB 17 1942

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.....

P. O. Address.....

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.