

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 12186

FILED APR 10 1942

Registration District No. 79

Primary Registration District No. 4479

Registrar's No. 12

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

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Slater Mo

(c) Name of hospital or institution: #29 main  
(If not in hospital or institution, write street number, or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline 99

(c) City or town Slater 2  
(If outside city or town limits, write "RURAL")

(d) Street No. 429 main  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WILL H THORNTON

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Higgie Hensick Thornton 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb - 24 - 1867  
(Month) (Day) (Year)

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

75 1 5 hr. min.

9. Birthplace Saline Mo Mo U  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Geo. H. Thornton

{ 13. Birthplace Saline Mo Mo U  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Verlona Huff

{ 15. Birthplace Saline Mo Mo U  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Geneva Taylor

(b) Address Slater Mo

17. (a) Burial (b) Date thereof Apr - 1 - 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Slater Mo

18. (a) Signature of funeral director Harry Hershberger

(b) Address Marshall Mo

19. (a) Mo - 30 - 42 (b) Mrs. John Giger  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29  
year 1942 hour 11 minute 15 A. M.

21. I hereby certify that I attended the deceased from Mar. 22  
1942 to Mar. 29 1942  
that I last saw him alive on Mar. 29 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Paralysis  
Cerebral Hemorrhage

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 83a  
Of autopsy \_\_\_\_\_

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) (Means of injury)

23. Signature W. A. Howell (M. D. or other) \_\_\_\_\_  
Address Slater Mo Date signed 3-29-42

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

1211

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 4-9-42

**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 Fred Wilkinson

Licensed Embalmer No. 2478

P. O. Address Clinton 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.**