

FILED MAY 23 1942

Registration District No. 237

Primary Registration District No. De Kalb 237

Registrar's No. 21

3200

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

1. PLACE OF DEATH:

(a) County De Kalb
(b) City or town Clarksdale, Miss
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community life
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. Rural
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME JOSEPH RICHARD 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 2 divorced, widow

6. (b) Name of husband or wife Maie Thornton 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 26 1866
(Month) (Day) (Year)

8. AGE: Years 86 Months 9 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. INDUSTRY OR BUSINESS

MOTHER FATHER
12. Name William J. Thornton
13. Birthplace Clarksdale, Mo
(City, town, or county) (State or foreign country)
14. Maiden name Hannah J. Add.
15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Pete J. Thornton

(b) Address Clarksdale, Mo

17. (a) Thornton (b) Date there 5-18-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clarksdale

18. (a) Signature of funeral director John P. Beaman

(b) Address Clarksdale, Mo

19. (a) 5-13-42 (b) C. H. Hengler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8th
year 1942 hour 6 minute 00 A.M.

21. I hereby certify that I attended the deceased from May 8th
May 8th 1942, to May 9th 1942,
that I last saw him alive on May 7th 1942,
and that death occurred on the date and hour stated above.

Immediate cause of death: Hemiplegia - Right, complete Duration 3 days
Due to Cerebral Hemorrhage

Due to _____
Other conditions (include pregnancy within 3 months of death) 830

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underlines 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 P. L. Perkins (M. D. or other) _____
Address Clarksdale, Mo Date signed 5/9/42

NOT RECORDED

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. Brown

Licensed Embalmer No. 3933

P. O. Address Clarksdale, Miss

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.