

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

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.

JUL 14 1942

Registration District No. 284

Primary Registration District No. 5403

1. PLACE OF DEATH:
 (a) County Dunklin
 (b) City or town Clarkston Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Franklin Tomb
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Dunklin ³⁵
 (c) City or town Clarkston "Rural"
 (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.? 0 years.

3. (a) PRINT FULL NAME Joseph Marvin Thornberry
 3. (c) Social Security No. 489-18-452
 4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced 2
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased November 24 1888
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 25 year 1942 hour _____ minute 40 P. M.
 21. I hereby certify that I attended the deceased from June 22 to July 25, 1942
 that I last saw him alive on June 20, 1942
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>7</u>	<u>1</u>	hr. min.

Immediate cause of death Heart attack from Peplene Duration _____
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) ✓

9. Birthplace Missouri (City, town, or county) (State or foreign country)
 10. Usual occupation Farming, W.P.A.
 11. Industry or business _____
 MOTHER FATHER
 12. Name Henry Thornberry
 13. Birthplace Mo. O (City, town, or county) (State or foreign country)
 14. Maiden name Lucy Dunn
 15. Birthplace Kentucky (City, town, or county) (State or foreign country)

Major findings:
 Of operations 1170
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Bill Thornberry
 (b) Address Clarkston, Mo
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/26/42 (Month) (Day) (Year)
 (c) Place: burial or cremation Standfield
 18. (a) Signature of funeral director Landers Funeral Home
 (b) Address Campbell
 19. (a) June 26, 1942 (Date received local registrar) (b) Mrs. J. J. Duran (Registrar's signature)

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 R. B. Allen (D. or other) _____
 Address _____ Date signed _____

RECEIVED

District Health Office No. 2,

District File Number 742-889

Date Filed JUL 13 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 with the above constitutes grounds for revocation of license.)

If this body is (not embalmed) above space should be left blank.