

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 21 1943

Registration District No. 179

Primary Registration District No. 1002

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Jackson,

(b) City or town Kansas City,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Menorah Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 23 days
(Specify whether years, months or days)

In this community 12 years,

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson,

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

(d) Street No. Locarno Apartments
235 West Parkway
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country X

3. (a) PRINT FULL NAME Mrs. Elizabeth Thornton

3. (b) If veteran, name war no.

3. (c) Social Security No. NO.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3rd
year 1943 hour 10:15 minute P M.

21. I hereby certify that I attended the deceased from Oct 12th 1942 to Jan 3 1943
that I last saw him alive on Jan 3 and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Edwin K. Thornton

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

7. Birth date of deceased May 26 1883
(Month) (Day) (Year)

Immediate cause of death
Cerebral embolus with hemiplegia - Myocarditis

Duration 2 weeks
few months

Due to 95%

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

59 7 8 hr. min.

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

10. Usual occupation at home,

11. Industry or business X

MOTHER FATHER

12. Name Unknown,

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

14. Maiden name Unknown,

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

16. (a) Informant Miss Kitty Brown,

(b) Address 111 W. Armour, Kansas City, Mo.

17. (a) Removal
(Burial, cremation, or removal)

(b) Date thereof 1-28-5-43
(Month) (Day) (Year)

(c) Place: burial or cremation Louisville, Kentucky

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 1-4-43
(Date received local registrar)

(b) M. W. Crow
(Registrar's signature)

Other conditions (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 A. Sophron (M. D. or other)

Address 1405 Bryant Bldg. Date signed

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

Dr. Sophian

107 East Valley
1-30-1968

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. 1419

P. O. Address 17 P. 120

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.