

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20759

State File No.

JUN 23 1943

Registration District No. 14

Primary Registration District No. 5064

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Barton
 (b) City or town Liberal (Rural) Le Roy Twp
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 71 years (Specify whether
 In this community 71 years
 years, months or days)

3. (a) PRINT FULL NAME WILLIAM ELMER THORNTON

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife Josephine Thornton
 6. (c) Age of husband or wife if alive 74 years
 7. Birth date of deceased April 29 1869
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 11 7 hr. min.

9. Birthplace Macoupin County, Illinois
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name George Thornton
 13. Birthplace England
 (City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Connor
 15. Birthplace Illinois
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. William Thornton
 (b) Address Liberal, Missouri
 17. (a) Burial (b) Date thereof April 9 1943
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Shiloh Cemetery

18. (a) Signature of funeral director KONANTZ FUNERAL HOME(b) Address Lamar, Missouri

19. (a) May 11-1943 (b) Blanche Sackett
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
 (c) City or town Liberal (Rural)
 (If outside city or town limits, write "RURAL")
 (d) Street No. RFD (LeRoy Township)
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6th
 year 1943 hour 1 minute 15 P.M.

21. I hereby certify that I attended the deceased from Feb 1
1943, to April 6, 1943
 that I last saw him alive on April 6, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral Hemorrhage 2/16/43Due to HypertensionE. arterio-sclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: none

Of operations

Of autopsy none

Duration

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) no
 (b) Date of occurrence
 (c) Where did injury occur? none
 (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 Allen W. Sledge (M. D. or other)
 Address Mulberry Kansas Date signed 4/18/43

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

1260

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Dist. Health Officer No. 6,

Dis. File Number 643-688

Date Filed JUN-2-1-1943

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 *Earl Kowitz*

Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

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.