

FILED JAN 4 1944

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1309

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
1330 No. 12th /
(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 Missouri (b) County Buchanan

(c) City or town St Joseph ?
(If outside city or town limits, write "RURAL")

(d) Street No. 1330 No. 12th
(If rural, give location)

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

3. (a) PRINT FULL NAME Mary Francis Thornton

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Joseph

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Oct 23 1872
(Month) (Day) (Year)

8. AGE: Years 71 Months 0 Days 4
If less than one day hr. min.

9. Birthplace Clarksdale Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Unknown Dalton

13. Birthplace unknown Mo 0
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Joseph Thornton

(b) Address St Joseph Mo

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof _____
(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Fleemon & Son Inc

(b) Address St Joseph, Mo

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 27th
year 1943 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from
November 22 1943 to November 26 1943
that I last saw her alive on November 26 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Hemoplegia over 4 days
Arteriosclerosis 4 yrs.

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 83d
Of operations _____

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) (e) Means of injury _____

23. Signature Charles W. Wernick (M. D. or other)
Address Social Welfare board Date signed 11/29/43

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

MOTHER FATHER

JAN 14 1944

JAN 18 1944

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.....

Robert H. Apple

Licensed Embalmer No. *3308*

P. O. Address..... *St Joseph, 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.